Institute of Information and Communication Technology (IICT)

Job Requisition Form

Facilities Required for: [ ] Departmental Lab [ ] Office [ ] Personal  Date: .........................

1.  (a) Name & Designation of Person: ........................................................................................
    (b) Name of the Dept./Office:
    (c) Payment Receipt No. & Date (if applicable):

2.  Detail Description of the job:

    ____________________________________________________________

    Signature of the Concerned Person                      Signature of the Head/Director
    (for official only)

Received by:          Signature & Date:              Delivered to:          Signature & Date:     

For IICT use only

a)  Job Requisition No: ........................................ Date: ........................................

b)  Assigned Person : .................................................................

    Comments (if any): .................................................................

    ________________________________  ________________________________

    Signature of the SIE                  AD (S&S) / Director, IICT