

SOBHASARIA GROUP OF INSTITUTIONS, SIKAR

Requisition for New Purchase IT Equipment Slip

Date.....

Department / Block.....

User Name.....

Item Name.....

No. of Quantity.....

Purpose.....

(Name & Signature of User)

(Name & Signature of HOD/In charge)

Action Taken.....

(Signature of IT In charge)

(Authorized Signatory)

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