**BGSB University, Rajouri (J&K)CITES**

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**Requisition form for Audio and Visual System facility in University Auditorium/Conference Hall (NEAR – M.Sc.IT).**

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| **To be filled in by the requisitioner**  1.Department\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2.Name and Designation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  of Requester: -\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3.Programme detail Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Time and Venue\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  4. Please Specify Requirement: (√)   * **PUBLIC ADDRESS SYSTEM** * **VISUAL SYSTEM**   5.Descripiton of Programme, (enclose a copy Proof)  The CITES is not responsible for any Electronic loss. It is therefore requested to handle all equipment with utmost care however, after culminates of event the same has to be handed over in working conditions to the CITES and obtain NOC.  Date\_\_\_\_\_\_\_\_\_\_\_ Requisitioner’s Signature  Controlling Officer Signature | **For Official use only**  1. Job Card No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. Date of receipt\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3.Job assigned to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  4. Material used: -   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** 3. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** 4. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** 5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 7. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 8. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 9. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 10. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Total items issued: …………………………………………….  **5.** Damage caused by Requester Yes/No. ……………………  **………………….………………………………………….**  **……………………………………………………………..** |
| 6. Remarks  Job done satisfactory/unsatisfactory/could not be attended for the reason that  …………………………………….………………  …………………………………………………….  …………………………………………………….  Dated ……………...…………………..  **Receiver’s Signature**  **and contact number**  Name and Designation ………………………………. | 6 Remarks  … ……………………………………………………..………  ……………………………………………..…...…………….  .. …………………………………..………………………….  **Technician In- charge**  **PA/VISUAL AID** |

*The requested department has to provide* ***4 numbers*** *of 9 Volt Lithium Batteries cell per day as per actual requirement preferred* ***DURACELL OR SONY.***