## Publication and Business Unit Binding Requisition Form

To be filled in by Applicant: Requisition

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Document/Article Name</th>
<th># of pages(s)</th>
<th>Qty(s)</th>
<th>Binding Type</th>
</tr>
</thead>
</table>

Purpose: __________________________

Submitted on: Date: ___/___/____

Required on: Date: ___/___/____

Submitted by: __________________________

Signature

To be filled in by Center/Division Head, Units Co-ordinator

Name of Center/Units/Division: __________________________

☐ Recommended  ☐ Not Recommended

Date: ___/___/____  Signature of Head / Co-ordinator

Decision of the Co-ordinator Communication Unit:

*The above binding of materials may be approved/rejected as per the purpose.*

☐ Approved  ☐ Not Approved

Date: ___/___/____  Chief Co-ordinator Communication Unit

To be filled in by Officer Incharge:

Binding Materials used:

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Particulars</th>
<th>Qty(s)</th>
<th>Remark</th>
</tr>
</thead>
</table>

Date: ___/___/____

Received by: Name________________________Signature__________

Signature

*This form must be duly filled and signed before reaching the service provider*