# Publication and Business Unit Photocopy Service Requisition Form

## To be filled in by Applicant:

**Name of Document/Article:**

**Purpose**:  
☐ For Regular Course  
Name of Course_________________________ Batch/Year__________________  
☐ For Meeting/Seminar  
Name of Meeting/Seminar_________________________ Date:__/__/____  
☐ For Adhoc Course  
Name of Course_________________________  
☐ Other_________________________

**Number of Original Pages:** Double Sided ______ Single sided ______, Total Pages :______

**Number of copies/Sets Required:** _______Copies / _____________Sets

**Submitted on** : Date : ___/___/_____  
**Required on** : Date : ___/___/_____  
**Submitted by** : _______________________

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

*(For Centers all the forms will be recommended by the respective Centers Head and for the divisions to be recommended by Joint Director, likewise Units will be recommended by Coordinator.)*

**Name of Center/Units/Division :** ________________________________

☐ Recommended    ☐ Not Recommended  
**Date : ____/____/_____**  
**Signature of Head / Co-ordinator**

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## Decision of the Co-ordinator Communication Unit :

☐ Approved    ☐ Not Approved

**Chief Co-ordinator**  
**Communication Unit**

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1. Please ensure that the original copies are in the order you want  
2. We will not be responsible for faulty layouts and errors in the text/graphics etc.  
3. Reproduction/Binding shall be done on A4 size paper unless otherwise stated.  
4. The required service(s) will be delivered within a maximum of three days.

**WE ARE OPEN FOR SUGGESTION FOR FURTHER IMPROVEMENT**

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