



ROYAL INSTITUTE OF MANAGEMENT

Publication and Business Unit AUDIO VISUAL REQUISITION FORM (for internal issue only)

To be filled in by Applicant :

Reference No. _____ Date: ___/___/___

Sl. No	Particulars	Qty(s)	Remark

Purpose : _____
 Required on : Date : From ___/___/___ To ___/___/___
 Due Back : Date : ___/___/___

Declaration

I hereby declare that the above equipment are under my responsible being issued for the purpose mentioned above; that it shall not be re-issued to any other party/person; and shall be returned by due back date. I agree to take full care of the equipment during my care. In the event of lost; breakage/damage of the equipment while in my care, I fully agree to be responsible for it.

Person Responsible for above Equipment:

Name : _____
 Designation/Course Name : _____
 Name of Center/Units/Division : _____
 Date : ___/___/___

Signature _____

Decision of the Co-ordinator Communication Unit :

The above request is approved/rejected as per the purpose.

Approved Not Approved

Date : ___/___/___

Chief Co-ordinator Communication Unit

To be filled in by Officer Incharge :

Issued Date : ___/___/___ Time : ___:___ (AM/PM)

Remark on Issue :

Issued by : Name _____ Signature _____

Returned Date : ___/___/___ Time : ___:___ (AM/PM)

Remark on Return :

Received by : Name _____ Signature _____