



ROYAL INSTITUTE OF MANAGEMENT

Publication and Business Unit COLOR PRINTER 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 copies/Sets Required: _____ Copies / _____ Sets

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 :

Approved Not Approved

Date : ___/___/___

Chief Co-ordinator Communication Unit

To be filled in by Officer Incharge :

Printed on : Date : ___/___/___ Time : _____

Materials used :

Sl. No	Particulars	Qty(s)	Remark

Number of Draft/Spoiled : _____

Printed by : _____

Signature

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