



# ROYAL INSTITUTE OF MANAGEMENT

## Publication and Business Unit PHOTOCOPY SERVICE REQUISITION FORM

To be filled in by Applicant :

Name of Document/Article: \_\_\_\_\_

Purpose :

(please tick)

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 : \_\_\_\_\_

Signature

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, like wise Units will be recommended by Coordinator.)*

Name of Center/Units/Division : \_\_\_\_\_

Recommended

Not Recommended

Date : \_\_\_/\_\_\_/\_\_\_

Signature of Head / Co-ordinator

Decision of the Co-ordinator Communication Unit :

Approved

Not Approved

Chief Co-ordinator  
Communication Unit

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*