

भारतीय प्रौद्योगिकी संस्थान रोपड़
INDIAN INSTITUTE OF TECHNOLOGY ROPAR

File No. _____

Dated: _____

Indent Cum Recommendation Sheet for Works valuing above 3.00 Lakh

A) Inputs from Indenter

Indenter's Name	
Department :	
Brief Description of the Work :	
Site Location :	
Nature of Work :	Civil <input type="checkbox"/> Electrical <input type="checkbox"/> Horticulture <input type="checkbox"/> HVAC <input type="checkbox"/> Composite (Civil + Electrical) <input type="checkbox"/> Others (Please specify).....
Attach Photo/Drawings / Specifications :	
Any Interface with the third-party agency (If Yes, Enclose Purchase order, Scope, specify details etc.)	
Coordinator Name and Mobile No. (to be nominated by Indenter):	
Category: (Tick Appropriate)	Original/New Work [] Addition & Alteration [] Repair []
NOC from Space Allocation Committee / Dean (Planning) for New, Addition and Alteration Work.	Yes [] No [] (Approval copy to be enclosed)
NOC from Safety Committee for New, Addition and Alteration Work.	Yes [] No [] (Approval copy to be enclosed)
Is Working Front available:	Yes [] No []
GeM Purchase :	Yes [] No []
If available on the GeM, please attach the specifications of the item as available on the GeM. In case of non-availability of the items on the GeM, please attach the GeMAR&PTS ID.(Please Specify)	
Minimum three Committee Members (may be nominated by HOD)	1. _____ 2. _____ 3. _____ 4. _____ 5. _____
Budget Head	1. Department 2 Institute 3 Other Specify

Signature of the Indenter

Head of the Department

