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## **REQUISITION FOR GRAPHIC DESIGNING WORK**

		Date:
Name of the Institution/department/section/cell requiring graphic work:		
Name of the Coordinating persor	n:	
Extn. Ph. No.:	Mobile No.:	
Details of work to be done:		
		· · · · · · · · · · · · · · · · · · ·
		Signature of HOI/HOD/HOS
FOR SYSTEMS & O	PERATIONS DEPAR	TMENT USE
Remarks of Director, S&O:		
		Signature