



INDIAN INSTITUTE OF TECHNOLOGY KANPUR
Office of the Dean of Infrastructure & Planning

DOIP: 104

Proposal/Plan/Estimate Approval form

(This form should be filled by IWD and should be attached with relevant forms 101, 102, 103 for estimate sanction)

Requisition Details

Name		Phone/ Mob No.																		
Dept./Section		PF No:		Email:	@iitk.ac.in															
Request number																				

Plan/Proposal Details

Type of Work																				
Proposal/Plan prepared by:																				
Name		Phone/ Mob No.																		
Designation		Email:	@iitk.ac.in																	
Has this Proposal/Plan been discussed and agreed by the indentor?																		Yes	No	
Is this Proposal/Plan prepared in agreement with Form 103?																		Yes	No	
Are the suggestion or modifications in Form 103 incorporated?(if any)																		Yes	No	

(Signature of Preparer)

(Name and Signature of Reviewer)

Estimate Details

Estimate prepared by:																				
Name		Phone/ Mob No.																		
Designation		Email:	@iitk.ac.in																	
Estimate Amount Requested																				
Mode of execution of work	<input type="checkbox"/> Zonal Contract	<input type="checkbox"/> Tender	<input type="checkbox"/> Others <i>(Please specify)</i> -----																	
<i>Please list items of works included in estimate with specifications</i>																				
Are these items and specifications in agreement with Form 103?																		Yes	No	
Are relevant floor plans/elevation/section/layouts for proposed work attached to the approval form? <i>(All necessary drawings are required for approval)</i>																		Yes	No	
Is a time schedule for the proposed work attached with the approval form? <i>(A time schedule is required for approval)</i>																		Yes	No	
Details of earlier renovation works at location (if any)																				
<i>Please provide a short description along with year of execution of work (attach separate sheets and documents, if needed)</i>																				

(Signature of Preparer)

(Name and Signature of Reviewer)

date: ____/____/____
(dd / mm / yyyy)

Comments/Special instructions/Recommendations by EE/AEE/Sr. AE, if any

(Signature of EE/AEE/Sr. AE)

Date: ____/____/____
(dd / mm / yyyy)

Comments/Special instructions/Recommendations by SE, if any

(Signature of SE)

Date: ____/____/____
(dd / mm / yyyy)

Comments/Special instructions/Recommendations by PIC/ADPI, if any

(Signature of PIC/ADPI)

Date: ____/____/____
(dd / mm / yyyy)

Comments/Special instructions/Recommendations by DOIP, if any

(Signature of DOIP)

Date: ____/____/____
(dd / mm / yyyy)

Comments/Special instructions/Recommendations by DD/Director, if any

(Signature of DD/Director)

Date: ____/____/____
(dd / mm / yyyy)