

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

Approval form for Additional Expenditure Sanction

(This form should be filled by IWD in case additional sanction is required)

DOIP 101 REQUEST	NO:					
				—		
Additional Estimate	Details			<u> </u>		
Name of the work						
Estimate prepared by :	IWD □ Architect □ C	Consultant □ Others (<i>Ple</i>	ase specify)			
Name of the ZIC		, , , , , , , , , , , , , , , , , , ,	Phone/			
			Mob No.			
Designation			Email:		@iitk.ac.in	
Name of the EIC			Phone			
			/Mob			
			No.			
Initial Sanctioned Amou	int					
(including GST)						
Additional Estimated A						
Requested (including G		· · · · · ·				
Applicable	Date of applicable		uration	Plinth area ((for	
DSR	market survey	of wor		new cons)		
Please list items of works included in estimate with brief descriptions and the justifications for the additional sanction. (Attach separate note						
sheets if required)						
Are these items and spe	cifications as per the Inst	itute polices and guideli	nes for	l'es l	No	
preparation of estimates						
Are relevant floor plans/elevation/section/layouts for proposed work attached to Yes					No	
	r institute polices and gui					
required for approval)						
Is there a change in time	No					
schedule is required for appr		X X		Yes		
Current stage of the wo		□ Tendering	□ Executi	on 🗆	Completion	
Please provide Agreement Number and all details of expenditure if the work is already at execution stage						

(Signature of ZIC)

date: ____/____/____/______

(Signature of EIC) Review and Comments/Special instruction	Date: (dd / mm / yyyy)
((Counter signed by Head, IWD)	Date: (dd / mm / yyyy) For DOIP Office Use
Checked	Passed
JTS/JE	OIC4
Comments/Special instructions/Recommen	ndations by OIC, if any
(Signature of OIC1)	Date://
(Signature of ADPI) Comments/Special instructions/Recomment	Date:/ / Date: / yyyy)
	/ /
(Signature of DOIP) Comments/Special instructions/Recomment	Date: ${(dd / mm / yyyy)}$
(Signature of DD) Comments/Special instructions/Recomment	Date: (dd / mm / yyyy) ndations by Director, if any
(Signature of Director)	//
Recorded Sent for clarifications	Received vvvv-mm-dd Revision Recorded Sent for further processing vvvv-mm-dd