



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

DOIP: 104G

Proposal/Plan/Estimate Approval form: Grouped Items

*(This form should be **filled by IWD** and should be attached with relevant forms for estimate sanction)*

List of Request Numbers

Sl. No.	Last Two Fields of Request Numbers							
1								
2								
3								
4								
5								

Sl. No.	Last Two Fields of Request Numbers							
6								
7								
8								
9								
10								

Estimate Details

Estimate prepared by:										
Name						Phone/ Mob No.				
Designation						Email:	@iitk.ac.in			
Amount Requested										
Mode of execution	<input type="checkbox"/> Zonal Contract	<input type="checkbox"/> Tender	<input type="checkbox"/> Others <i>(Please specify):</i>							

_____ (Signature of Preparer) _____ (Name and Signature of Reviewer) date: ____/____/____ (dd / mm / yyyy)

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

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_____ (Signature of EE/AEE/Sr. AE) Date: ____/____/____ (dd / mm / yyyy)

Comments/Special instructions/Recommendations by SE, if any

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_____ (Signature of SE) Date: ____/____/____ (dd / mm / yyyy)

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

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_____ (Signature of PIC/ADPI) Date: ____/____/____ (dd / mm / yyyy)

Comments/Special instructions/Recommendations by DOIP, if any

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_____ (Signature of DOIP) Date: ____/____/____ (dd / mm / yyyy)

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

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_____ (Signature of DD/Director) Date: ____/____/____ (dd / mm / yyyy)