



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"/> Quotation	<input type="checkbox"/> Others (Please specify):						

_____ (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, if any

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_____ (Signature of DD)

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

Comments/Special instructions/Recommendations by Director, if any

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_____ (Signature of Director)

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