



**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. Last 6 digit of ID					<input type="checkbox"/>	<input type="checkbox"/>	<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 )