

**REQUISITION FOR XEROGRAPHIC WORK**

- 1. Name of the Requisitioner : \_\_\_\_\_  
Designation : \_\_\_\_\_  
Section : \_\_\_\_\_
- 2. Whether taken from Book/Journal  
If yes Name : \_\_\_\_\_
- 3. Description of Work : \_\_\_\_\_  
No of Pages to be Xeroxed : \_\_\_\_\_
- 4. No. Copies required : \_\_\_\_\_
- 5. Purpose for which required : \_\_\_\_\_

Official  Personal  On payment  Charges Rs.

MDP  UBP  Seminar  Consultancy  PGP

Please mention Name of the Organization : \_\_\_\_\_

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- 6. Date on which required : \_\_\_\_\_
  - 7. Signature of the Requisitioner : \_\_\_\_\_
  - 8. Approved by : \_\_\_\_\_
  - 9. Receiver's Signature : \_\_\_\_\_