

# BIRLA INSTITUTE OF TECHNOLOGY MESRA, RANCHI

Form: CR-2

Date:     /     /20

## *Classroom Maintenance Request Form*

Name & Designation of the Faculty/Staff	:	.....
Mobile & Email	:	..... & .....
Department	:	.....
Date	:	.....
Location & Classroom No.	:	.....
Complaint Description	:	.....
		.....
		.....
		.....

REQUEST RECEIVED FROM

(Signature)  
Submitted to the Academic Programme Office

Academic Programme Office Use Only

Duty Assigned to .....

Date & Time .....

Asst. Registrar (AP)

Dean (PGS)/Dean(UGS)

ASSIGNED TO

Work Completed by ..... Date .....

Remarks .....

(Signature)

WORK COMPLETED

N.B. Requisition slip to be sent to the Academic Programme Office for classroom engagement