Equipment(s) Removal Form-NDC BBSR

Details of Equipment(s)to be Removed: -

Project Name :	
NICSI Project No :	
Equipment Details :	
Make and Model :	
Quantity :	
Serial Number's :	
DC Floor No and Row Number :	

Rack Number, U – Position No:	
Reason to Removal	Obsolete/Relocation/Faulty/For Repair
Equipment taken to Address:	

User Department Details:

Name of the HOD /Officer in-charge:	
Contact Mobile No :	
Email ID:	
Signature	
Date	
Seal	

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