



RETURN/HANDOVER OF COMPUTER CENTRE ASSETS

Name of Staff/Faculty: _____

Designation: _____

Department/Section: _____

S.No.	Description of Asset/Consumable	Location	Working Condition	Date of Return / Signature of Person Handed over to

Number of items Checked-in to Computer Center:

Signature of Staff/Faculty with date

Technical Asst.

System Admin/TO

FIC-CC