

**National Institute for Research in Tuberculosis  
Chennai 31**

**COMMON REPAIR FORM**

Department

Date

Kindly attend the repair

Equipment	Furniture	Vehicles	Any others
Nature of repair			
Whether the equipment is in AMC			
Whether it can be repaired locally			
If not whom to contact for repair			
Justification			

Reported by	Name	Designation
Date	Signature	

HODs	<u>a Approval</u>	
	<u>b Justification</u>	
	<u>C Signature with Date</u>	

For office use :-

1	Whether fund is available		
2	Whether the report is in proper order		
3	Whether the report work may be processed , if not give reason		
4	Whether quotation / tender is necessary		

**ADMINISTRATIVE OFFICER**