

Deaprtmental IT Equipments Details

Name Of Department-

S.No.	Name of IT Equipements(Desktop,Printer,Switch (Port Info),Landline with Number,UPS,Keyboard,Mouse,Biometric Device,etc.)	Make/Model	S.No.	Issued To(Name Of Person)	Remark
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Signature & Seal

(HOD of the department)