

**BIRLA INSTITUTE OF TECHNOLOGY
MESRA, RANCHI**

Form: CR-2

Date: / /20

Class Room Maintenance Request Form

Name & Designation of the Faculty/Staff	:
Mobile & Email	: &
Department	:
Date	:
Location & Classroom No.	:
Complaint Description	:
		(Signature)
		<u>Submitted to the Office of Dean (AP)</u>

Office of Dean (AP) Use Only	
Assigned to	Date
(Asst. Registrar-AP)	(Dean-AP)

Work Completed by	Date	
Remarks		
		(Signature)

N.B. Requisition slip to be returned to the Office of Dean (AP) on completion of the work