



**National Institute of Technology Meghalaya**  
**Department of Mechanical Engineering**  
Bijni Complex, Laitumkhrah, Shillong – 793003

**IT INFRASTRUCTURE ISSUE/RETURN FORM**

Date: ...../...../.....

1. Name :
2. Designation :
3. Employee Code/ Roll No. (if any) :
4. Contact No. & E-mail :

**Fill the Details for Issue:**

Brief Description of the Purpose	Item Name	Qty.	Remarks

**Fill the Details for Return:**

Purpose of Return	Item Name	Qty.	Remarks

**Signature**

**Supervisor Signature**  
(In Case of Student)

**FOR OFFICE USE**

Form no: \_\_\_\_\_

Date: ...../...../.....

**Details of the Items Issued/Returned:**

Sl. No.	Name of the Item	Item Sl. No.	Item Model no.

**Signature of the Convenor**

Recommendation/Remark

**HOD, ME**