National Institute of Design, Assam



IT Asset Issue Form for Student

| 1. Full Name (in Caps): |
|---|
| 2. Contact No: |
| 3. Email id: |
| 4. Discipline: |
| 6. Assets: Camera Set Tripod Stand Projector Speaker Microphone |
| ☐ Studio Lights ☐ TASCAM Recorder ☐ Video Recorder ☐ Trigger |
| 7. Other Accessories: |
| 8. Date of Issue: 9. Date of Return |
| I hereby undertake to follow all the terms and conditions mentioned below: |
| The above item issued is for Institutional and work purpose only, the return of the item shall be subject |
| to satisfactory condition. If any damage(s) are found, the concerned individual may be fined for the |
| same. |
| Note: |
| • If not returned within the due date, a fine of Rs. 100/- per day will be levied on the student. |
| • The assets will be issued from 9AM to 4:30PM (Monday-Friday excluding holidays). |
| Prior to acquiring the asset, students are required to inspect its condition and functionality. Any |
| broken or missing items will not be addressed later. |
| (Signature, Receiver) (Signature, Issued By) (Signature, Approved by Faculty) |
| For Office use only |
| Make / Model: |
| Serial Number: |
| Any other details: |
| |
| At the time of Returning Asset |
| Received By Name: Signature |
| Remarks if any |

Asset Return Signature:

Date of Return:

National Institute of Design, Assam



IT Asset Issue Form for Faculty & Staff

| 1. Full Name | (in Caps): | | | | |
|-----------------------|---------------------|-----------------------------------|---|--------------------------|--|
| 2. Contact No | o: | | • | | |
| 3. Email id: . | | | | | |
| 4. Designatio | n: | | | | |
| 5. Assets: | Camera Se | t Tripod Stand Proje | ector Spea | ker Microphone | |
| | Studio Lig | hts TASCAM Recorder | Laptop | ☐ Video Recorder | |
| | Trigger | Desktop Monitor | Mouse Mouse | Keyboard | |
| 6. Other Acce | essories: | | | | |
| 7. Date of Iss | ue: | 8. Date of 1 | Return | | |
| I here | by undertake to f | ollow all the terms and condition | ns mentioned b | elow: | |
| The above ite | em issued is for | Institutional Purpose only, the | return of the | item shall be subject to | |
| satisfactory co | ondition. If any da | mage(s) are found, the concern | ed individual m | ay be fined for the same | |
| Note: | | | | | |
| • The a | assets will be issu | ed from 9AM to 4:30PM (Mone | day-Friday excl | uding holidays). | |
| (Signature, Receiver) | | | (Signature, Issued By) | | |
| | | For Office use on | <u>ly</u> | | |
| • Make | e / Model: | | | | |
| • Serial | l Number: | | | | |
| • Any o | other details: | | | | |
| | | | | | |
| At the time o | f Returning Ass | et . | | | |
| Received By 1 | Name : | | . Signature | | |
| Remarks if an | y | | | | |
| Date of Return | n: | Asset | t Returned Signs | ature: | |