

REQUISITION FORM
DIGITAL
CLASS ROOM

<input type="text"/>	<input type="text"/>	<input type="text"/>
PROGRAM DATE		

Starting Time:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Ending Time:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Total	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Status of the Digital Classroom: Available Not Available

Requisition For	<input type="text"/>										
Program Title	<input type="text"/>										
Name of the Department/Club	<input type="text"/>										
Name of the Faculty/Moderator	<input type="text"/>										
Phone	<input type="text"/>	Ext.	<input type="text"/>	Mobile	<input type="text"/>						

APPLICANT'S DETAIL:

Name of the Faculty/Person	<input type="text"/>										
Position of the Faculty/Person	<input type="text"/>										
Signature of the Faculty/Person	<input type="text"/>						Date	<input type="text"/>			

Forwarded by:

Recommended by:

Approved by:

Fahmi Hasan
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Office of the Director of Students' Affairs

Mr. Najim Uddin Sharker
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