



# Indian Institute of Advanced Study

RASHTRAPATI NIVAS, SHIMLA – 171 005

Work Slip (Civil/Electrical)

1. Name and designation:.....
2. Location of Premises:.....
3. Nature of Complaint:.....  
.....  
.....  
.....
4. Date and Time of Complaint.....
5. Signature:.....

(J.E.)

Office Copy



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## FOR USE IN CPWD OFFICE.

1. Date and time to the
2. Receipt of Complaint:.....
3. Name of the Official Deputed  
to attend the complaint.....
4. Date and Time of Attending.....
5. To the complaint.....
6. Signature of the Occupant with date in taken of having  
attended to the complaint satisfactorily.....

Copy for CPWD