



88

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.)



88

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.)

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 complainant.....
6. Signature of the Occupant with date in taken of having
attended to the complaint satisfactorily.....

Office Copy

Copy for CPWD