

INDIAN INSTITUTE OF TECHNOLOGY KANPUR Office of the Dean of Infrastructure & Planning

DOIP: 103

Site Visit Form

(This form should be filled by ZIC/DOIP office representative and attached with FORM: 104 for sanctioning of plans/estimates/QTO sheets for MWCC)

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Basic inform	DOIP 101 Rec. No													
Type of wor	rk													
Name									one/					
D 1/0 1								Mo	ob No.		-			
Dept./Section PF No: Is the space/work indenter notified for the site visit?									_	Email:		V		@iitk.ac.in
1			ined to	or the site	VISIT?							Yes		No
Site visit te		nbers												
Requisitione representati		DOIP Office Representative(s)												
ZIC, Civ		ZIC, El		Representative(s) ZIC, J			AC	C						
	tion/Re	oms visited	1	,						,_				
		Joins visited												
Date of site														
Requested s				Working					ing source					
Time period for work				□ FN □ AN □ No Preference				e	□ Institute □ Dept/Section □ Pro □ Others				□ Project	
Urgency/Re		r prioritizin	g											
the work (if	07													
										No				
Do the requested work items conform to the Institute policy?										Yes	No			
If above answer is no, please explain if any additional /special provisions have been requested apart from institute policies														
(Approval fro	om concern	ed authority .	should b	e taken for	additi	onal/speci	ial provisions)						
Mode of E	xecutio	n of Work												
Can the work	x be take	n up throug	gh the 1	AMC in th	he		Yes					No		
respective Zone as per the Scope of Services?														
Can the work be taken up through MWCC contract in your						Yes					No			
-	respective zone as per the Clauses of Contract?													
If above answer is Yes , Have you attached a QTO sheet for					et for	Yes					No			
approval?														
Primary de				1										
Select appro	opriate o				rt des	cription				iction/ir	-			
0				e ceiling			Interior finishes					Electrical Air Conditioning		
1				ting work	Metal works Provide a second					□ Air Conditioning				
				odwork	\square Road works					□ Others (<i>Please specify below</i>)				
Provide a sh	nort dese	cription of e	xisting	condition	ns and	details	of required	wo	ork (A	ttach sepa	irate s	heets and ske	etches if	needed):
Signatures														
Requisitioner or						DOIP Office								
representative(s)							Representative(s)							
ZIC, Civ	IC, Civ			ZIC, Elect			ZIC, AC			AC				
					For	DOIP	Office Use	e						
Updated sketch available Yes/No/NA Usable space								sq	m Up	Update in space database Yes/No/NA				s/No/NA
Checked				Passed						Approved				
Should								Instrue	Instructions					
								1150000						
JTS/JE				OIC3/ OIC1						ADPI/DOIP				

Recorded	Sent for clarifications	yyyy-mm-dd	Clarifications Received	yyyy-mm-dd	Revision Recorded	Sent for estimate preparation	yyyy-mm-dd