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| **ASSET ISSUE FORM** | | | | |
| EMPLOYEES’S NAME | |  | GIVEN BY |  |
| CONTACT NO. | |  | CONTACT NO. |  |
| DESIGNATION | |  | DESIGNATION |  |
| DEPARTMENT | |  | DEPARTMENT |  |
| DATE | |  | DATE |  |
| LOCATION | |  | LOCATION |  |
| EMAIL ID | |  | EMAIL ID |  |
| **FOLLOWING ASSET(S) RECEIVED** | | | | |
| SL NO. | ASSET(S) NAME | | TRACKING CODE | DESCRIPTION |
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| **DECLARATION NOTE** | | | | |
| I ACKNOWLEDGE THAT I HAVE RECEIVED THE ABOVE ITEMS THAT REQUIRED PERFORMING REGULAR FUNCTIONS OF MY DESIGNATION AND MY RESPONSIBILITY TO HOLD AS GOOD WORKING CONDITIONS AND IN ORDER. I AM RESPONSIBLE FOR THE ASSETS AND REPLACEMENT COSTS. IN CASE ANY ASSETS ARE NOT IN USE I PROMISE TO RETURN WITHOUT DELAY. | | | | |
| EMPLOYEE NAME | | | | SIGN |
| AUTHORIZED SIGNATORY | | | | SIGN |