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| **ASSET SUBMISSION FORM** |
| EMPLOYEE’S NAME |  | SUBMITTED TO |  |
| CONTACT NO. |  | CONTACT NO. |  |
| DESIGNATION |  | DESIGNATION |  |
| DEPARTMENT |  | DEPARTMENT |  |
| DATE |  | DATE |  |
| LOCATION |  | LOCATION |  |
| EMAIL ID |  | EMAIL ID |  |
| **FOLLOWING ASSET(S) DELIVERED** |
| SL NO. | ASSET(S) NAME | TRACKING CODE | DESCRIPTION |
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| **DECLARATION NOTE** |
| I ACKNOWLEDGE THAT I HAVE SUBMITTED 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.  |
| EMPLOYEE NAME | SIGN |
| AUTHORIZED SIGNATORY | SIGN |