

GOVERNMENT OF INDIA  
ATAL BIHARI VAJPAYEE INSTITUTE OF MEDICAL SCIENCES &  
DR. RAML MANOHAR LOHIA HOSPITAL, NEW DELHI

PROFORMA FOR REQUISITION OF CPWD WORK

1. Name of Department: \_\_\_\_\_
2. Name of HOD: \_\_\_\_\_
3. Location of work: \_\_\_\_\_
4. Necessity/Justification of work: \_\_\_\_\_  
\_\_\_\_\_
5. Renovation work: - Yes/ No
6. Additional work:- Yes/ No
7. Additional Space requirement: - Yes/ No
  - (i) If Yes Additional Space requirement details: \_\_\_\_\_  
\_\_\_\_\_
8. Detailed scope of work:-
  - i) Civil work: \_\_\_\_\_  
\_\_\_\_\_
  - ii) Electrical Work: \_\_\_\_\_  
\_\_\_\_\_
  - iii) Air Conditioning work: \_\_\_\_\_  
\_\_\_\_\_
  - iv) Other work (If any): \_\_\_\_\_  
\_\_\_\_\_

Date of Combined Survey HOD, CPWD (Civil) & CPWD (Electrical): \_\_\_\_\_

Comments of Survey, If Any: \_\_\_\_\_  
\_\_\_\_\_

Signature CPWD, (Civil)

Signature CPWD, (Electrical)

Signature, HOD