INDIAN COUNCIL OF MEDICAL RESEARCH <u>Maintenance Division</u>

File No.D-14026/20/2022-23/Maint. Dated: 03.06.2022

CIRCULAR

Sub.: Availing Facility of Centralized Photocopying Facility at ICMR Hqrs. reg

In view of the frequent repairs of old photocopying machines and problems faced by divisions/sections while machines go out of order, hampering their work. It has been instructed by the Director General, ICMR, to make arrangement for common Photocopy machines for all the Divisions/sections. In consideration of the same Maintenance Division has made arrangements to provide centralized photocopying facility at ICMR.

Accordingly, Photocopying Facility is operational on 1st and 2nd floor near Lift no. 2, with a operator for Photostat copies.

All the officers/staff are hereby informed that the Central Photocopying Facility is available, with operator for all types of printing & photocopying facility during working hours. The facility can be availed with the signature of officer of Group B level through submission of the indent to the operator. (attached herewith)

Please note that papers shall be provided to operator for photocopying work by the division concerned.

Dr. R. Lakshminarayanan
Deputy Director General (Admin.)

To:

All Divisions/Sections of ICMR Notice Board, ICMR

ISRM Division:

You are requested to upload the Indent form for Photocopy on ICMR website please. (Enclosed herewith)

फोटोकॉपी के लिए अनुरोध

REQUISITION FOR PHOTOCOPY

अधिकारी का नाम Name of the Office		······································
पद: Designation:		· · · · · · · · · · · · · · · · · · ·
अनुभाग/प्रभाग: Section/Division:		
फोटोकॉपी की मात्र Quantity of Photoco	π: ppy:	
उद्देश्यः Purpose:		······································
दिनांक: Date:		सक्षम प्राधिकारी के हस्ताक्षर Signature of Competent Authority
	फोटोकॉर्प	के लिए अनुरोध
	REQUISITIO	N FOR PHOTOCOPY
अधिकारी का नाम: Name of the Officer		
पद: Designation:		
अनुभाग/प्रभाग: Section/Division:		······································
कोटोकॉपी की मात्रा Quantity of Photoco		
उद्देश्य: Purpose:		
देनांक: Date:		सक्षम प्राधिकारी के हस्ताक्षर Signature of Competent Authority