

# **Shankarrao Mohite Mahavidyalaya, Akulj**

## **Application of Requirements for maintenance and providing infrastructure facilities**

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• Name of the Department:\_\_\_\_\_

• Requirement of the Department with justification:

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Date:

Signature of HOD  
(with stamp)

• Remark of the Committee-

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Principal

# **Shankarrao Mohite Mahavidyalaya, Akluj**

## **Maintenance of Infrastructure Committee**

### **Action Taken Report**

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- Name of the Department: \_\_\_\_\_
- Date of Application: \_\_\_\_\_
- Type of Work: \_\_\_\_\_
- Report of the HOD About completion of work : \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Head of Department  
(Signature of Seal)

Signature of Maintenance  
Committee

Principal