

Form for availing Outward Zero Dial* / STD* / New Extension facility

Name of Faculty / Staff / Lab : _____

Designation / Department : _____

Location (Room / Lab No.) : _____

Purpose : _____

Duration for which it is required (for Outward Zero Dial & STD) : From _____ To _____

Signature of Faculty / Staff : _____

Forwarded by:

Head of the Department / In-charge

(Approved / Not approved)

Through:

The Director

**To,
The Co-ordinator (EPABX & Phones)**

[* - Director approval is required and In case of new extension the form can be directly sent to Co-ordinator (EPABX & Phones)]