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

Name of Faculty / Staff / Lab	<b>:</b>
Designation / Department	<b>:</b>
Location (Room / Lab No.)	<b>:</b>
Purpose	<b>:</b>
Duration for which it is required (for Outward Zero Dial & STD)	:From To
Signature of Faculty / Staff	<b>:</b>
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)]