



**INDIAN INSTITUTE OF INFORMATION TECHNOLOGY
ALLAHABAD**

Form: 113

Office of the Dean of Infrastructure, IWD, Estate

ESTIMATE APPROVAL FORM

(This form should be filled by IWD for registration of the projects in IRI Records and is mandatory for all financial and technical approvals)

Dean (IRI) Rec. No	
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Leave this field blank for Dean (IRI) Office to put the Request Number	
Dean (IRI) Office Request No.	

Name of the work												
Estimate prepared by: <input type="checkbox"/> Institute <input type="checkbox"/> Architect <input type="checkbox"/> Consultant <input type="checkbox"/> Others (<i>Specify</i>):												
Name of the Office I/C		Phone/ Mob No.										
Designation		Email:	@iita.ac.in									
Name of the Executive Engineer & Designation		Phone/ /Mob No.										

Estimated Amount Requested		GST (%)		Total estimate Amount	
Budget Head	<input type="checkbox"/> Plan	<input type="checkbox"/> Non-Plan	<input type="checkbox"/> HEFA	<input type="checkbox"/> R&D	<input type="checkbox"/> Others (<i>Specify</i>)
Work Type /Budget Sub Head	<input type="checkbox"/> Major Construction & Restructuring <input type="checkbox"/> BWC <input type="checkbox"/> Zonal <input type="checkbox"/> AMC <input type="checkbox"/> Labour <input type="checkbox"/> Material <input type="checkbox"/> Fixtures <input type="checkbox"/> Services			<input type="checkbox"/> Day to Day <input type="checkbox"/> Maintenance & Repair <input type="checkbox"/> AOC <input type="checkbox"/> Architect fees <input type="checkbox"/> Furniture <input type="checkbox"/> Consultant charges <input type="checkbox"/> Equipment <input type="checkbox"/> Others (<i>Please specify</i>):	
Applicable DSR		Date of applicable market survey		Est. duration of work	Plinth area (for new cons)
Planned Mode of Execution of work	<input type="checkbox"/> EPC <input type="checkbox"/> Percentage Rate tender <input type="checkbox"/> Item Rate tender <input type="checkbox"/> Quotation			<input type="checkbox"/> Zonal Contract Last 6 digits of RQ. ID _____ <input type="checkbox"/> Others (<i>Please specify</i>):	

List items of works included in estimate with brief descriptions. (Attach separate note sheets, if required)

Checklist

Are these items and specifications as per Institute policies and guidelines for preparation of estimates	Yes	No
Are relevant floor plans/elevation/section/layouts for proposed work attached to the approval form as per Institute policies and guidelines? (All necessary drawings are mandatory for approval, where applicable)	Yes	No
Is a time schedule for the proposed work attached with the approval form? (A time schedule is mandatory for approval, ATTACH TIME SCHEDULE)	Yes	No
Have the soft copy of the Estimate and the Tender document for the work been sent to Dean (IRI) Office for review? * (Excel file(s) of Estimate and word file(s) of Tender Documents and AutoCad/PDF files of relevant drawings must be sent to dean.iri@iita.ac.in approval for tenders to be uploaded)	Yes	No

Details of earlier renovation works at location (if any) in case of setting right works:

(Signature of Preparer)

Date: ____/____/____
(dd / mm / yyyy)

Review and Comments/Special instructions/Recommendations

(Signature of Executive Engineer)

_____/_____/_____
Date: (dd / mm / yyyy)

Review and Comments/Special instructions/Recommendations

(Signature of Head, IWD)

_____/_____/_____
Date: (dd / mm / yyyy)

For Dean (IRI) Office Use

Checklist: OK / Not OK

Estimates Received for					
Civil		Elect		AC	
Date received		Date received		Date received	
Expected Date		Expected Date		Expected Date	
Checked		Passed			
Assistant/ Superintendent		OIC			
		Note:			

Comments/Special instructions/Recommendations by PMEE / Internal Audit, if any

(Signature)

_____/_____/_____
Date: (dd / mm / yyyy)

Comments/Special instructions/Recommendations by Dean (IRI), if any

[Signature of Dean (IRI)]

_____/_____/_____
Date: (dd / mm / yyyy)

Comments/Special instructions/Recommendations by DDO, if any

(Signature of DDO)

_____/_____/_____
Date: (dd / mm / yyyy)

Comments/Special instructions/Recommendations by Director, if any

(Signature of Director)

_____/_____/_____
Date: (dd / mm / yyyy)

Recorded	Sent for clarifications	yyy-mm-dd	Clarifications Received	yyy-mm-dd	Revision Recorded	Sent for further processing	yyy-mm-dd
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