**SPECIAL PROGRAM REQUIREMENTS**

Support Materials& Services

**Custodian Dept: ………………………………………………………………… Other Depts. Involved: ……………………………………………………**

|  |  |
| --- | --- |
| **Program Title : ………………………………………………………………………...****Company : ………………………………………………………………………...****Duration (No. of Weeks): ………………… From: ……………………****No. of Participants: …………………………………………………………………** | **Intake : ……………………………………………………………………..****Batch No : ……………………………………………………………………..****To : ……………………………………………………………………..****No. of Staff : ……………………………………………………………………..** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr. No** | **Item Description** | **Needed** | **Cost Per Item** | **No. of Items/Participants** |
| **Yes** |
|  | Shared Accommodation |  | Filled out by Planning & Scheduling Office |  |
|  | Special Accommodation |  |  |
|  | Daily Students Meals |  |  |
|  | Refreshment |  |  |
|  | Lunch A |  |  |
|  | Lunch B |  |  |
|  | Lunch C |  |  |
|  | Office 1 – Per Week |  | No. of Weeks : |
|  | Office 2 – Per Day |  | No. of Days : |
|  | Office 3 – Per Hour |  | No. of Hours : |
|  | Cover – All |  |  |
|  | Lab Coat |  |  |
|  | Safety Shoes |  |  |
|  | Any Other Item: |  |  |  |
|  | - do - |  |  |  |
|  | - do - |  |  |  |
|  | - do - |  |  |  |
|  | - do - |  |  |  |
|  | - do - |  |  |  |

**NB:** 1.Those needed items are to be ticked ( 🗸 ) under Yes.

1. The **“No. of Items / Participants”** should be written down for all selected items; otherwise, they

 will not be considered. Also the selected type of office should have the no. of the concerned items.

1. **“Any other item”** should be stated, and should have the cost per item as well.
2. **“The Cost per Item”** is to be filled out for **“Any Other Item”** and the name of the item should be stated as well.
3. The cost for the other items ( i.e. 1 – 13 ) shall be filled out by Scheduling & Planning Office.

**Director, Industrial Relations : ………………………………………………………………… Date : ………………………………………**