

## THE NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE

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कार्य इंडेंट/WORK INDENT

Job No.....

Date &amp; Time: .....

Project work 

(For Press use only)

Target Date.....

Institutional work 

Name of the Department: \_\_\_\_\_

Name of Project &amp; date /Job: \_\_\_\_\_

**Original Job details**Softcopy  Hard Copy  Single Side **Size**A4  A3  Both Side **No. of Pages****No. of Copies****Cover Page Required**A4  A3  Other Colour  Colour B/W  B/W  GSM **Text Required**A4  A3  Other Colour  Colour B/W  B/W  GSM **Binding Required**Perfect  Stapling  Taping Lamination  Spiral  PVC 

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Name of Coordinator Officer.....

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Pasting	Rs. _____	Spiral/Comb/Ring	Rs. _____
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Cutting	Rs. _____	Photocopy B/W	Rs. _____
Stapling	Rs. _____	<b>Total</b>	Rs. _____
Taping	Rs. _____	Overheads (25%)	Rs. _____
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