



## Contract Management Cell

INDIAN INSTITUTE OF SCIENCE

BANGALORE - 560 012

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### REQUEST FORM FOR ENGAGING CONTRACT LABOURER

Dept. / Unit / Centre ..... Date: .....

I request you to kindly appoint the following personnel as per the details given below:

1	Name of Contract Laborer	
2	Category	Unskilled / Semi Skilled / Skilled / Highly Skilled
3	No. of days working per week	5 Days / 6 Days
4	Nature of Work	
5	Date of Joining	
6	Duration	
7	Type of Appointment	New Appointment / Replacement
	If replacement, please indicate the contract laborer being replaced	
8	Debit Head / Project Code:	
9	If Debit Head is the Dept. Working Expenses. approval of the Div. Chairman & Deputy Director (A&F) is enclosed.	Yes / No
10	Bio Data Enclosed	Yes / No
11	Address Proof Enclosed	Yes / No

Project Investigator	Forwarded:
Name: _____	Chairman
Signature _____	Seal: _____

Approved for Unskilled / Semi Skilled / Skilled / Highly Skilled for ..... days per month with applicable PF & ESI.

Chairman. CMC