

**APPLICATION FOR DESTRUCTION OF
OUTDATED COURSE MATERIALS (Faculties)**

- 1) Name of the Department: -
- 2) Name of the Faculty : -
- 3) Name and Designation of the Contact Person: -
.....
- 4) Contact No.: -
- 5) Details of the documents:

No.	Subject	Period covered	Weight (Kg) (Approximately)	Remarks

The details of above course materials were submitted to the Council and approved at its meeting held on (Memo No.) to dispose. Mr./ Ms. who is a senior staff member of our faculty is nominated to monitor the destruction of above Course Materials.

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Dean of the Faculty
with Official stamp

.....
Head of the Department
with Official stamp

.....
Assistant Registrar of the Faculty
with Official stamp

Senior Assistant Registrar / General Administration

Approved / Not Approved

.....
Registrar

Subject Clerk

For necessary action to make arrangements to dispose
The above documents, Confidentially.

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Assistant Registrar/ General Administration

Date and time of Destruction:
Total Weight:
.....
Subject Clerk

<u>Report of the staff member of the department</u>	
I certify that above documents were destructed before me.	
.....	
Name	
.....	
Signature	Date