

Performa for refilling the cartridges of printer

S.No.	Particulars	
1.	Name of the Indenter	
2.	Programme/Section	
3.	Printer name (DMP/Deskjet/ Laserjet)	
4.	Type of Cartridge (Black/Colour/Both)	
5.	Cartridge Model Number	

Signature of Indenter

Date:

Programme Facilitator /Section Incharge

OIC(AKMU)

Refilled/Drum/Doctor Blade/Wiper Blade/Magnetic Rod

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