

**National Institute of Tuberculosis and Respiratory Diseases**  
*(Autonomous Institute under the Ministry of Health & Family Welfare, Government of India)*  
Sri Aurobindo Marg, Near Qutub Minar, New Delhi-110030.

**Request Form for Toner Refilling/ New (compatible)**

Date : \_\_\_\_\_

Department/Location : \_\_\_\_\_

User Name : \_\_\_\_\_

Printer Model No. : \_\_\_\_\_

Request for Toner/Cartridge No : \_\_\_\_\_  
(12A, 24A, 36A, 78A, 88A, 203dn etc.)

Refilling/New (Compatible) : \_\_\_\_\_

( )  
user Signature

( )  
HOD/Incharge Signature

**Use for Computer Section**

Date of Refilling/New(compatible) : \_\_\_\_\_

Date of issue : \_\_\_\_\_

Receiver Name and Signature : \_\_\_\_\_