

Corporate Asset Handover Control Form, eVAL

ONE Form PER ASSET (All fields mandatory) Do NOT club, two items in one form.

12.65- 2023Y Ver. Dept. Assets (for Employees, Partners, Associates and Vendors)

Name of the asset owning company:

Date of handover: _____ DD-Month-YYYY

Handover by: _____

Name of the company, procured for:

Asset Control Department: _____

Approved by: _____

Zone and zone address:

User Name:

To whom the Asset handed over: _____

Asset Description:

Serial/ SIM No.	Quantity	Item	Detail	IMEI Number(s)

Details of the person holding the Asset:

Name _____ Attach, User Aadhaar Card (mention no.) _____

Mobile number: with country code _____, Attach, User PAN card (mention no.) _____

As per contract/ appointment letter, Address:

As per contract/ appointment letter, Designation:

As per contract/ appointment letter, Date of contract/ DOJ :

Taluka name:

Official contact number, is assigned: Personal contact No.: (Mobile) _____, (Landline) _____

Date of NEW/Further (mention) handover DD-Month-YYYY _____, (New or Further Handover) _____

1) I, Ms/Mr.....hereby

I, acknowledge the receipt and possession of the mentioned asset, and that I will not handover this asset to any other individual "without issuer authorization in email". I hereby assure that I own the responsibility to take care of the asset of the company to its fullest extent. On resignation/termination, I'll immediately handover this asset in its working condition to the company to the satisfaction of the IT department, else I am aware that I will be cross charged. I also understand that in case I complete (three) 3 years of association, This asset will be issued to me. In case of 2 years interest free installment plan, I will own the asset and the cross charge will not exceed the paid-up value.

2) I will be solely responsible for the asset issued and paid-for, by the company belonging with me.

Signature of the receiving person

Signature of the handing-over person

Date _____, Email ID _____, Zone _____

Designation _____, Mobile number _____, Landline _____

(Issuing Authority)

(Name) _____ (for office use only)

Remarks, if any _____

Assigned Asset reference number (to be issued by Asset eVAL team) _____

Date of procurement (attach invoice)

Date of Asset registration DD-Month-YYYY _____