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FORM-C3

Date: ..../........./..............

DAMAGE/LOSS REPORT

Custodian Name: **Designation:**

Employee ID: **Department/Section:**

Type of the issue (Damage/ Loss of the asset):

Date of the Incident:

Details of the incident:

ASSET PARTICULARS

#	Serial No	Asset Name	Model	Condition of the handed over asset

Signature of the custodian with date

To be filled by the CC Staff

Details of the damage:

The extent of the damage or loss: Repairable/ Need to be replaced/ Unserviceable

Approx. repair or replacement costs, part-wise:

Signature of the CC Staff with date

Rev: Jan 16, 2025