

**WATER RESOURCE MANAGEMENT UNIT
Central Unit for Operation & management**

REQUISITION FOR IRRIGATION WATER

Name of the requisition Department/Unit : _____
Date on which Irrigation required : _____
Location and area to be irrigated : _____
Billing address for water charges/Scheme : _____

Submitted to Assistant Engineer, IPH, Estate Cell

Dated:

(Signature of Head of Department/Inchage of Unit)

Date & Hours of irrigation provided = Hrs*.

*To be verified daily by the person authorized by the Department/Unit

(Signature of person authorized by requisitioning Department/Unit)

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