

Review and Comments/Special instructions/Recommendations

(Signature of EIC)

Date: ____/____/____
(dd / mm / yyyy)

Review and Comments/Special instructions/Recommendations

((Counter signed by Head, IWD)

Date: ____/____/____
(dd / mm / yyyy)

For DOIP Office Use

Checked	Passed
JTS/JE	OIC4

Comments/Special instructions/Recommendations by OIC, if any

(Signature of OIC1)

Date: ____/____/____
(dd / mm / yyyy)

Comments/Special instructions/Recommendations by ADPI, if any

(Signature of ADPI)

Date: ____/____/____
(dd / mm / yyyy)

Comments/Special instructions/Recommendations by DOIP, if any

(Signature of DOIP)

Date: ____/____/____
(dd / mm / yyyy)

Comments/Special instructions/Recommendations by DD, if any

(Signature of DD)

Date: ____/____/____
(dd / mm / yyyy)

Comments/Special instructions/Recommendations by Director, if any

(Signature of Director)

____/____/____

