

	ENERGY EFFICIENCY AND CONSERVATION PROGRAM MANAGEMENT AND TECHNOLOGY PROMOTION DIVISION		
	QUALITY MANAGEMENT SYSTEM FORMS MANUAL	Doc. ID	EPMPD-QF-01
		Effectivity date:	xx xxxx xxxx
Page no. 1 of 1	Document Name: CARE OFFICE (ANNEX B)	Rev. no.	0

Name of Institution : _____

Preliminary Details:

Office Location:	
Office Area (m ²):	
Proof of Recognition as HEI:	<i>(as attached)</i>

List of Equipment:

PRE-EXISTING ITEM	QTY	ITEM TO BE PURCHASED	QTY

**Use a separate sheet if necessary*

Prepared by:	Noted by:
 Name CARE Lead	 Name Head of Institution