

**NATIONAL INSTITUTE OF TECHNOLOGY
KURUKSHETRA-136119**

Indent No. _____

INDENT SLIP

Dated : ___/___/20___

Department/ School/Section/Cell :

Please issue the following materials in our Department/Section/School.

Sr. No. A	Particulars B	Qty. Required C	Purpose (Justify Requirements) D	Qty. Issued E	Stock reg. No. F	Remarks G
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						

Name and Signature of Indentor with Date : -

Signature of Head of Deptt/Section/Cell
(Rubber Stamp)

Store Section

Dealing Assistant (Stores)

Acctt.SG-II

DR(Store)I/C

This is to certify that the items mentioned in the column "E" are received by me.

Received By (Name with Signature):-