

**NATIONAL INSTITUTE OF TECHNOLOGY
KURUKSHETRA-136119**

INDENT SLIP

(for internal purpose only)

Indent No. _____

Dated : ___/___/20___

Department/ School/Section/Cell : _____

Budget Head (CPDA/DOC/ OTHER): _____

Please issue the following materials.

Sr. No.	Particulars	Qty. Required	Purpose (Justify Requirements)	Qty. Issued	Stock Reg. No. (Stores)	Cost
A	B	C	D	E	F	G
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Total Cost:-						

Name & Signature of Indentor with Date _____

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

Prof. I/C (Stores)

_____ Accounts Section
(For availability of funds)

Prof. I/C (Accounts)

_____ Store Section _____

Assistant (Stores)

SS/Acctt. (Stores)

Prof. I/C (Stores)

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

Received by
(Name with Signature)

Stock Entry (Reg. Name & Page No.) : _____

(Signature of Storekeeper)

(Signature of HOD)

Prof. I/C (Stores)

Prof. I/C (Accounts)