

NATIONAL INSTITUTE OF TECHNOLOGY KURUKSHETRA

INDENT SLIP A: (For Consumable Items)

(List of such Items is available on Institute Website)

Indent No:

Date:

Name of Indentor/s:

Indentor's Mobile No.:

Department/School/Section/Cell:

Budget Head (DOC/Other):

No.	Name of Items Required	To be filled by Indentor		To be filled by Central Store		
		Quantity Required	Estimated Cost (Rs.)	Quantity Issued	Actual Cost (Rs.)	Stock Register Page No
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

Certified that the above good/s is/are essentially required for smooth functioning of the Department/School/Section/Cell.

Signature of the Head with **Stamp**

Indentor's Signature

Account Section for Approval of Funds

<i>(For office use of Accounts Section)</i>		<i>(For office use of Stores Section)</i>	
Funds of amount Rs. available/not available			
AR (Accounts)	Supdt. (Acctt)	Faculty (I/C)	Supdt/Assistant
Items Received and Entered in:-			
Register Name and Number		Page Number	Signature of Store Keeper

Faculty In-charge (Stores)

Signature of the Head

Copy to: -

Faculty In-charge (Accounts)