

NATIONAL INSTITUTE OF TECHNOLOGY KURUKSHETRA

INDENT SLIP A: (For Consumable Items)

(List of such Items is available on Institute Website)

Date:

Indent No: _____

Name of Indentor _____

Indentor's E-mail: _____

Indentor's Mobile No.: _____

Department/School/Section/Cell: _____

Budget Head (DOC/Other): _____

No.	Name of Item 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						
Total						

Certified that the above item/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.			
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)