

NATIONAL INSTITUTE OF TECHNOLOGY KURUKSHETRA

INDENT SLIP B: (For Urgent Purchase of Consumable Items Not available in Store)

Indent No:

Date of Indent.....

Items Required by Date:

Name of Indentor:

Indentor's Mobile No:

Department/School/Section/Cell:

Budget Head (DOC/Other):

Justification of urgent purchase:

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						
Total						

1. Certified that the above item/s is/are urgently required for smooth functioning of the Department/School/etc.

2. It is certified that this is the one-time requirement and non-recurring in nature.

3. Please attach the MOP-VII (if the purchase of item/repair work is above Rs. 25000/-).

Signature of the Head with **Stamp**

Indentor's Signature

Account Section for approval of funds

<i>(For office use of Accounts Section)</i>	
Funds of amount Rs. available/not available	
(Please approve the funds on MOP sheet for estimated cost exceeding by Rs. 25000/-)	
AR (Accounts)	Supdt. (Acctt)

Central Stores (GeM report is enclosed herewith)

Faculty In-Charge (Stores)	Supdt./Assistant (Store)