

NATIONAL INSTITUTE OF TECHNOLOGY KURUKSHETRA
INDENT SLIP F: (For Service/Repair Work)

Indent No:

Date of Indent.....

Name of Indentor/s:

Indentor's Mobile No:

Department/School/Section/Cell:

Budget Head (DOC/Other):

S. No.	Name of Items for Repair/AMC	Purchase Date	Original Cost	Ledger Entry Details	Estimated Cost
1					
2					
3					
4					
5					
Total Estimated Cost					

Please ensure to attach the following documents

No.	Particulars	Attached (Yes/No)
1	Report of the competent technical expert for repair	
2	Name of Items, if any required, to be replaced/repared	
3	Certificate of durability by technical expert for repaired item/s	
4	In case of repair under proprietary article, PAC is required	

1. Certified that the above service/repair work is essentially required for smooth functioning of the Institute.
2. **Please attach the relevant MOP (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 up to Rs 25000/-/Otherwise on relevant MOP)

<i>(For office use of Accounts Section)</i>	
Funds of amount Rs. available/not available	
AR (Accounts)	Supdt. (Acctt)

Central Store

Name of Member	Monitoring Committee
Member 1	
Member 2	
Member 3	

Head of Department/Section

Faculty In-Charge (Stores)