

NATIONAL INSTITUTE OF TECHNOLOGY KURUKSHETRA

INDENT SLIP D: (For Consumable/Non-Consumable Items above ₹ 1,00,000/-)

Indent No & Date:

Name of Indentor

Indentor's E-mail:

Indentor's Mobile:

Department/School/Section/Cell:

Budget Head (Plan/Other):

Category of the Purchase (Tick the relevant)

Plant		Machinery		Furniture	
Fixture		Computer Peripheral		Any Other	

S. No.	Name of Good to be Procured	Qty	Estimated Cost (As indicated in GeM)
1*			

Note: * Attach separate sheet (s) for more than one item. The estimated cost may be on higher side of 10%.

Indentor Certifies that

1. Above item is essentially required for smooth functioning of the Department/School/Section/Cell.
2. Technical specifications and buyer added terms conditions are (attached/not attached).
3. Site is ready for installation of above procured items (Yes/No).
4. Relevant MOP (**list available on website**) for each item is attached (Yes/No).
5. In case of proprietary article purchase, PAC is attached(Yes/No).
6. Soft copy of specification is sent to stores@nitkr.ac.in (Yes/No).
7. Compliance of Guidelines circulated vide letter no: SPS/2025/310 dated: 21.07.2025..... (Yes/No).

Indentor's Signature

The Department/Centre/Cell/etc. further undertakes that:-

1. The post purchase requirements such as installation/training/etc. will be complied (Yes/No) within the time period.
2. A copy of recommendations of Departmental Purchase Committee (DPC) is enclosed

Signature of the Head with Stamp

Assistant Registrar (Accounts): For allocation of funds on MoP

Assistant Registrar
(Stores & Purchase)

National Institute of Technology
Kurukshetra-136119
(File Processing Checklist)

Checklist of documents required for DPC and Administrative Approval for Laboratory Equipment (Value > ₹5,00,000) with reference to the letter no: SPS/2025/310 dated: 21.07.2025.

Sr. No.	Documents	Details	(Yes/No)
1	Technical Specifications	Technical specifications are <u>generic</u> , ensuring no bias toward a particular brand/company/manufacturer.	
2	Budgetary Quotations	At least three (3) budgetary quotations have been obtained.	
3	OEM Representation	Of the 3 quotations, at least <u>two (2)</u> are of <u>different OEMs</u> or their authorized representatives.	
4	Documentation	All quotations are documented and enclosed with the procurement file for DPC, administrative, and budget approvals.	
5	Seller/Company Information	The contact information of at least <u>5 to 10 sellers/companies</u> (available on the GeM Portal/Otherwise) has been provided for better competition, cost-effectiveness, and quality of the equipment.	
6	Single Bidder/OEM Cases (Exceptional Cases Only)	Only one bidder/OEM will qualify , due to, <u>Proprietary nature</u> (Proprietary Certificate & 2 PO's of last 3 FY's attached) of the item <u>or</u> any other valid, exceptional reason (Detailed justification attached) .	

Name of Indentor: _____

Designation: _____

Department/Section: _____

Signature with Date: _____

Head of Department/Section

NATIONAL INSTITUTE OF TECHNOLOGY KURUKSHETRA-136119

JUSTIFICATION FOR PROCUREMENT OF NON-CONSUMABLE ITEMS

1. Details of Non-Consumable Items Required:

Sr. No.	Name of Item	Specification	Quantity	Approximate Cost
1.				
2.				
3.				
4.				
5.				

2. Justification for Procurement:

(If the requirement is related to the replacement of an existing item, the write-off proceedings of surplus/obsolete/unserviceable items as per GFR-217 have been completed – (Documents attached)).

3. Availability of Existing Items:

Existing Item	Available	Quantity	Present Condition	Remarks
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KURUKSHETRA-136119**

4. Certification by Indenting Official:

Certified that the requirement of the above-mentioned non-consumable item(s) is genuine and necessary for academic/research/administrative purposes of the department/section. Further certified that the item(s) are not available in sufficient quantity within the department.

Name & Signature: _____

Designation: _____

Department: _____

5. Recommendation of the Departmental Purchase Committee & Head of Department:

Recommended / Not Recommended

Remarks, if any:

Name

Signature with Date

1.

2.

3.

4.