

**STORE INDENT FOR EQUIPMENT**

1. Name of the Indentor : \_\_\_\_\_  
with Designation
2. Name of Equipment: \_\_\_\_\_
3. Estimated Cost: \_\_\_\_\_
4. Quantity required: \_\_\_\_\_ 5. Quantity in Stock in lab \_\_\_\_\_
6. Funds : Institute / Project – RP / IND : \_\_\_\_\_
7. Whether included in the list (Institute List/Project List) : Yes / No
8. Whether Proprietary Item (Yes / No): \_\_\_\_\_
9. Specifications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Source of availability (in case the cost of equipment is < 25 lakhs) - list enclosed

Recommended and forwarded

Signature with date

Group Coordinator / P.I.

(Note:- For Sr. No. 9 & 10, separate sheets may be attached, if required)

**FOR OFFICE USE ONLY**

Funds availability details (Seal)

Availability of item on GeM : Yes / No

Dealing Assistant

(a) Checked and found in the list (Yes / No): \_\_\_\_\_

(b) Funds available (Institute / Project) : \_\_\_\_\_

(c) Mode of Purchase : \_\_\_\_\_

Recommended/Not Recommended Approved / Not Approved

CFAO

Director