Form No.25

Date:_____

STORE INDENT

(for purchases other than equipment or items under Rate Contract)

Indent No._____ **Source of Fund: Institute / Project (RP/IND____/Contingency (PhD/NPDF____)**

Sr. No.	Particulars	Quantity		Estimated Cost	Purpose
		In Stock	Required		

Signature of Indenting Officer

Name:_____

Designation:_____

FOR OFFICE USE ONLY

(a) Funds availability details **(b) Availability of item on GeM : Yes / No**

FO

(c) Approved / Not Approved

Director

CFAO