

## Form No.28

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.	Particulars	rticulars Quantity		<b>Estimated</b> Cost	Purpose
No.		In Stock	Required		

Forwa	rded by	,

## Signature of Indenting Officer

Name:

Group Coordinator / P.I. / Lab. Coordinator

Des	ignat	ion:	

## FOR OFFICE USE ONLY

(a) Funds availability details (Seal)

(b) Availability of item on GeM : Yes / No

**Dealing Assistant** 

(c) Recommended / Not Recommended

**CFAO** 

(d) Approved / Not Approved

Director