

आई सी एम आर - राष्ट्रीय पोषण संस्थान, हैदराबाद

I C M R -National Institute of Nutrition, Hyderabad

NIN/FDTRC/NCLAS/PROJECT

Indent / Requisition / for Supply

Book No:

Indent No:

¹ Name of the Department:

² Name & Designation of the HoD/ Principal Investigator:

³ Name of the work / project / scheme:

Recipient (Name & Sign):

SI	Name of the items required	Quantity	Latest date by which item required fo use	Quantity issued
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

	Received above items	Name & Signature of the
Date:	except item No:	Indenting Officer:

Signature of the Head of Dept/Unit

FOR USE IN STORES

1	1 Equipment, Spares, Repairs, AMC (Indicate Specification If Any On A Separate Sheet)					
2	Chemicals, Glassware, Gases, Diesel, POL, S	pirit etc.	-do-			
3	Drugs, Surgical, Animal Feeds, Liveries etc.		-do-			
4	Furniture, Fixtures, Office Equipment, Garden Materials					
	etc.		-do-			
5	Electrical, Plumbing, Carpentry etc.		-do-			
6	Stationeries, Printing & Miscellaneous items		-do-			
	Stores Officer's Remarks:					
1	Available / Not available in stores:	Yes-issued	No)		
2	To be purchased latest by:					
3	To be delivered latest by:					

4 Remarks: In case of expenditure exceeding to Rs.10,000/- it should be referred to P.C. of the institute.