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|  |  |  **FORM NO.: SS01****STORE/IN/IV/PO/No.\_\_\_\_\_\_\_\_\_\_****Financial Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_****Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****(To be filled by Store Assistant)** |
| **भण्डार मांग-पत्र** **STORES ISSUE VOUCHER**(For all Equipment, consumables, Non-Consumables etc. demanded from Store Section) |

(To be prepared **in duplicate**. One copy will be forwarded to Finance and one held with Store Office.)

**Name of Custodian of Assets: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation: \_\_\_\_\_\_\_\_\_\_\_\_**

**ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Inventory No.: \_\_\_\_\_\_\_\_\_\_\_ Location: Building \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Item purchased under buy-back (Yes/No):- Item purchase information (Purchase date/ PO No/ GeM /Direct purchase\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please issue following items for my office use to me/or the bearer Mr./Ms.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ whom I authorize to receive the stores on my behalf.

**Signature of the Custodian/Indentor Signature of PI/HOD**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Sl.** **No.** | **Item** **Code** | **Item Name** | **Item Specification** | **Con/****N-Con** | **Quantity** | **Cost****(INR)** |
| **Req.** | **Issued** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** |
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| **Issue Approved** | **Items Received** | **Items issued** | **Actioned in Ledger** |
| SignatureStore Officer/ManagerName: Date: | SignatureReceiver of itemsName Date: | SignatureStore AssistantName: Date: | **Sl. No. Con/Non-Con\_\_\_\_\_\_\_\_\_.**SignatureStore AssistantName: Date: |

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|  |  |  **FORM NO.: SS01** |
| **स्वीकारता / अस्वीकारता प्रमाणपत्र****ACCEPTANCE/REJECTION CERTIFICATE**(For all Equipment procured on demanded by user section) |

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| CERTIFICATION BY THE INDENTOR:*Date of Delivery of the material: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Location: Building\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room No.\_\_\_\_\_\_\_\_\_\_**Installation required: Yes / NO \_\_\_\_\_\_\_\_\_\_\_\_\_\_**If required, date of Installation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* ***Signature of the Indentor****(Please attach installation certificate clearly mentioning the date of installation)* |

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| ***1.*** *Supplier’s Name & Address:* | ***2.*** *PO No. & Date:* |
| ***3.*** *Budget Head of Account:* | ***4.*** *Challan No. & Date:* |
| ***5.*** *Invoice No. & Date:* | ***6.*** *Invoice amount:* |
| ***7.*** *Project No.(if applicable):* | ***8.*** *Name of Project Investigator/ Indenter:* |

**ACCEPTANCE CERTIFICATE**

1. Certified that the items mentioned against the above Invoice have been inspected and found acceptable by the undersigned in accordance with the quality and quantity and specification(s) in our purchase order.

2. Installation & Commissioning certificate/document is enclosed. Recommended for processing payment to vendor as per purchase order.

**Indentor HOS/HOD/DEAN**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: Date:**

**REJECTION CERTIFICATE**

1. The items are rejected for the following reasons:-

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**Indentor HOS/HOD/DEAN**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: Date:**

**Enclosures checklist: (Duly filled form, certified by indenter/custodian and HOD)**

**1. Original Invoice 2. Delivery Challan 3. PO/GeM Copy 4. Installation/Service Report 5. Warranty Certificate**