|  |  |  |
| --- | --- | --- |
|  |  | **FORM NO.: SS03**  **STORE/EX/IV/NR/No.\_\_\_\_\_\_\_\_\_\_\_**  **Financial Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(To be filled by Store Assistant)** |
| **गैर वापसी योग्य भण्डार गेट पास**  **STORES NON – RETURNABLE GATE PASS**  (For Equipment issued to vendors/Agencies by User Section/Store Section as permanent issue)  (**Timing-Monday to Friday 10:00 AM to 05:00PM only**) |

(To be prepared **in Triplicate**. *Two copies will be presented by the vendor, out of which one copy each for the Vendor, security and with Store Section for record Purpose.)* (**Form SS10 for all IT items & SS11 for all Electrical items is necessarily required along with this form**)

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

**Department/Project No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Inventory No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail id: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Ref. PO No. / Gem No. /Direct Purchase No. :- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

Security Staff/ Supervisor may please allow Shri/Smt.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of organisation) to take out the following material(s) from IIT Indore (Building Name:\_\_\_\_\_\_\_\_\_\_\_\_/Room No.:\_\_\_\_\_\_).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sl.**  **No.** | **Item**  **Code** | **Item Name** | **Item Specification with Make & Model No/ Part No./ Sl.No.** | **Qty** | **Stock Entry No & Year** | **Remarks** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Firm Name Destination of material (Address): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reason for taking out: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

|  |  |
| --- | --- |
| **For use of Store Section** | **For use of Security staff only** |
| **Approved/Not Approved**  **Signature of Store Officer**  Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | The Gate Pass has been entered in Material Out  Register at Sl. No. \_\_\_\_\_\_\_\_\_ Page No.\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_ Time Out: \_\_\_\_\_\_Vehicle No. \_\_\_\_\_\_\_\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature |
| **Actioned in Non-Returnable Register**  Non-returnable Reg. Sl.No.\_\_\_\_\_Date \_\_\_\_\_\_\_  Signature of Store Assistant  Date: Name: | Certified that the above mentioned material(s) have  been checked and found correct.  Chief Security Officer/  Security Staff/supervisor  Date: Name: |

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

**1. Invoice 2. PO/GeM Copy 3. ID copy of receiver 4. Payment/Replacement detail/Any other document which is relevant to.**