



भारतीय प्रौद्योगिकी संस्थान इंदौर
Indian Institute of Technology Indore

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)

FORM NO.: SS03

STORE/EX/IV/NR/No. _____

Financial Year: _____

Date: _____

(To be filled by Store Assistant)

(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./ SI.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/Indenter
Name: _____

Signature of PI/HOD
Name: _____

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

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.