|  |  |  |
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|  |  | **FORM NO.: SS02**  **STORE/EX/IV/R/No.\_\_\_\_\_\_\_\_\_\_\_**  **Financial Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(To be filled by Store Assistant)** |
| **वापसी योग्य भण्डार गेट पास**  **STORES RETURNABLE GATE PASS**  (For Equipment issued to vendors for repair by user section with probable date for return of items back to institute)  (**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 for the Vendor and one for security. The vendor will present his copy while bringing the item back. One copy will be 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/GEMC No. /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.:\_\_\_\_\_\_).

**The Probable date of Return of the material(s) is** \_\_\_\_\_\_\_\_\_\_\_\_\_.

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| **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** |
|  |  |  |  |  |  |  |
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Firm Name and Destination of material (Address): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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| **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 |
| **Items Received Back on:-**  Security Material IN Reg. Sl.No.\_\_\_\_\_Date \_\_\_\_\_\_\_  Store Loan Inward 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. Any Other document required.**