

## भारतीय प्रौद्योगिकी संस्थान इंदौर Indian Institute of Technology Indore

## भण्डार स्थानांतरण पत्र STORES TRANSFER VOUCHER

(For Transfer of Equipment from One Custodian/Department/ Section to other Custodian/Department/Section)

	FORM NO.: SS05
STORE/IN/TV/N	lo
Financial Year:	
Date:	
/To be filled by Store A	aciatant)

(To be prepared in <u>Triplicate</u>. One copy each for Assets Handing over, Taking Over and original to be retained by the Store Section.

TRANSFERRED BY				TRANSFERRED TO					
Department /Section:				Department/Section:					
Name & Designation:				Name & Designation					
ID No:				ID No:					
Store relates to Dept/Project No: (If any)				Store relates to Dept/Project No: (If any)					
SI.	Ref. PO No/GeM No/ Direct Purchase & Date	Name of Item	Item Specification with Make & Model No/ Part No./ SI.No.	Qty Transfer red	Stock Entry No. & Year	Unit Rate	Total Cost incl. Of taxes	Remarks	
1	2	3	4	5	6	7	8	9	
Sign. of Custodian ( Handing Over) Name: Date: Signature of PI/HoD Name:			Sign. of Custodian (Taking Over) Name: Date: Signature of PI/HoD Name:						
· · · · · · · · · · · · · · · · · · ·					PI/HoD (Taking Over) Date:				
	FOR USE OF STORE SECTION								
<u>U</u>	odated Inventor	y Leagers							
Signature of Store Assistant Name: Date:			1	Signature of Store Officer Name : Date:					

Note: (Duly filled form, certified by indenter/custodian and HOD)