



भारतीय प्रौद्योगिकी संस्थान इंदौर
Indian Institute of Technology Indore

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)

FORM NO.: SS02

STORE/EX/IV/R/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 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 _____.

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 and Destination of material (Address): _____

Reason for taking out: _____

Signature of the Custodian/Indentor

Name: _____

Signature of PI/HOD

Name: _____

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