



भारतीय प्रौद्योगिकी संस्थान इंदौर
Indian Institute of Technology Indore

भंडार वापसी सह पावती पत्र
STORES RETURN-CUM-RECEIPT FORM

(For Equipment, items, Computer, etc.
Return to Store Section)

FORM NO.: SS06

STORE/IN/RV/No. _____

Financial Year: _____

Date: _____

(To be filled by Store Assistant)

(To be prepared in **duplicate**. One copy will be returned to the indenter and original to be kept with Store Section.)

Note: For Unserviceable and obsolete equipment use separate form **SS09** and do not club with Serviceable and repairable equipment. (**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: _____

The following items are of my office/Inventory is returned by me/or the bearer Mr./Ms. _____ whom I authorize to return the stores on my behalf.

Sl. No	Item Name	Item Specification	PO No. / Gem No. /Direct Purchase	Date/Year of purchase & purchase value	Category of Store #	Qty. Returned	Qty. Received	Stock Entry No. & Year
1	2	3	4	5	6	7	8	9

Category of Store: Serviceable: 'S', Repairable: 'R', Working : 'W', Return 'R'.

Signature of Custodian/Indenter
Name: _____

Signature of PI/HOD
Name: _____

Remarks by Store Section in case of Unserviceable/Obsolete item returned.

1. The scrap equipment mentioned at Sl.No. _____ above has been reduced to produce to Scrap as Metal/Iron/Aluminum/Copper/Plastic/Rubber etc. and BOC _____ KG in records for auction.
2. The equipment has been kept as is in unserviceable condition for auction.

Return Approved	Items Returned By	Items Received at Store	Actioned in Ledger
Signature Store Officer Name: Date:	Signature Name: Date:	Signature Store Assistant Name: Date:	BOC in Stock No. _____ Reg. Sl.No. _____ Signature Store Assistant Name: Date:

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

1. PO/GeM Copy, Invoice or Any other document/information/Form which is relevant to.