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|  |  | **FORM NO.: SS09**  **STORE/IN/RV/SCRAP/No.\_\_\_\_\_\_\_\_\_\_**  **Financial Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(To be filled by Store Assistant)** |
| **ख़राब भंडार वापसी सह पावती पत्र**  **SCRAP RETURN-CUM-RECEIPT FORM**  (For scrap items, Paper, Iron scrap, Metal, plastic, rubber unserviceable & Obsolete etc. Return to Store Section) |

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

**Note:** **FOR SCRAP MATERIAL ONLY (D**o not use for serviceable /repairable Assets). (**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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Inventory No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name individual returning scrap: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation: \_\_\_\_\_\_\_\_\_\_\_\_**

**Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail id: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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| **Sl.**  **No.** | **Stock Entry No. & Year** | **PO. No. /Gem No. / Direct Purchase No.** | **Name of item declared as Scrap** | **Qty. Returned** | **Scrap BOC (Action by Store Section)** | | |
| **Qty. Received in KG/Ltr./ No.** | **Type of Scrap** | **Scrap Reg. Pg./Sl.no** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** |
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**CERTIFICATE FOR UNSERVICEABLE AND OBSOLETE ITEMS**

This is certified that the items which are marked unserviceable and obsolete are downgraded due to fare wear and tear and not due to negligence.

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

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

**Date: Date:**

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| --- | --- | --- | --- |
| **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.\_\_\_\_\_\_\_\_**  **Scrap 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/Form/Information which is relevant to.**