



भारतीय प्रौद्योगिकी संस्थान इंदौर  
Indian Institute of Technology Indore  
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### Format for Purchase Indent under LPC

(For purchase of goods valuing between Rs. 25,000/- to Rs. 2,50,000/- only)

Indent No. ----- Date: -----

Department/Division: \_\_\_\_\_

Name of Indentor: \_\_\_\_\_ Designation: \_\_\_\_\_

Indent Approving Authority: \_\_\_\_\_ Designation: \_\_\_\_\_

01. Type of Indent: (a) Equipment/Assets (b) Consumable (c) Services (d) Others  
(Tick the Option)

02. Budget Type. (a) Plan(Institute) (b) Non-Plan (c) Departmental  
(d) Project funded by : \_\_\_\_\_ (Please attached Project Sanction letter)  
(e) HEFA (f) Other (Specify)- \_\_\_\_\_  
(Tick the Options)

03. Source: (a) Local/Indigenous (b) Foreign  
(Tick the Option)

04. Specification/s:

Sl. No.	Item/Service	Detailed Nomenclature/Description of the item/Scope of Work	Qty.	Unit	Estimated Cost	Remarks (Teaching/Research /Other)

05. Purpose of the requirement with complete need justification indicating Teaching/Research/facility/other requirements (separate sheet may be attached)

06. Total Estimated Cost in INR(based on budgetary quotes): INR \_\_\_\_\_ (In Words- \_\_\_\_\_)

(The estimated price is inclusive of all taxes, overhead charges such as freight, insurance, duty etc.)

07. Nature of the material indented \*: (a) Proprietary:  
(b) Single Source/Specific Brand/Make:  
(c) Others:

\* Please attach relevant certificate in standard format/s.

## 08. Expected Delivery Terms

a. Delivery Period:

b. Venue (Point of Destination/Unloading and Installation) :

c. Specific Delivery requirements such as Unloading/Storage/ Site preparation etc.

## 09. Any others requirement such as

a) Installation/Commissioning/Training etc.:

b) Warranty

c) Other requirement, if any:

## 10. Declaration:

Availability of Item on GeM (<https://gem.gov.in/>)

(if the indented item is available on GeM, it is mandatory to procure the item through GeM or if is not available, procurement procedure will be as per GFR 2017 &amp; Purchase Manual.

User department should attach the screenshot of the item for further process.

## 11. List of Suggested Vendors/Suppliers with their Contact details:

Sl. No	Name of the Firm	Contact details	Remark

*Certified that the specification of this Indent are generic and broad based without having any Restrictive Parameters to suit any particular Source of Supply. No make and model is specified in the indent.*

Signature of the Indenting Officer with date

(Name &amp; Designation, Contact details)

Local purchase committee has been constituted with the following members/convenor for purchases against this indent:

1. Name: \_\_\_\_\_ (Convenor)

2. Name: \_\_\_\_\_ (Member)

3. Name: \_\_\_\_\_ (Member)

Signature of the Indent Approving Authority

(Name &amp; Designation)

## FOR USE BY ACCOUNTS/ R&amp;D

Availability of Fund in the Budget:

Allocated Budget	Total Commitments till date excluding this indent	Available fund for this indent	Balance Available	Remarks

Dealing Assistant

FAS / R&amp;D

To

JR-MM