



भारतीय प्रौद्योगिकी संस्थान इंदौर
Indian Institute of Technology Indore

FORM NO.: SS12

भण्डार मांग पत्र

STORES DEMAND-FORM

(For any Item/Material, services required/
demanded from Store Section)

STORE/IN/IV/GEN/No. _____

Financial Year: _____

Date: _____

(To be filled by Store Assistant)

(To be prepared in duplicate. One copy will be returned to the indenter along with the material issued)

Name of Indentor: _____ Designation: _____

Department: _____ Project No.: _____

Contact No.: _____ E-mail id: _____

Please purchase following items for my office use to me/or the bearer Mr./Ms. _____ whom I authorize to receive the stores on my behalf.

Sl. No.	Item/ Service Name	Item/ Service Specification	Con/ N- Con/ Serv.	Req. Quantity	Estimated Cost (INR)	Remarks
1	2	3	4	5	6	

Brief of Purpose/Reason _____

Fund Head : _____ Availability of fund : _____

Signature of the Indentor
Name: _____

Signature of PI/HOD
Name: _____

Requirement Receiver	Checked by	Recommended by	Approved by
Signature Store Assistant Name: Date:	Signature In-Charge (CSS) Name Date:	Signature AR (MMS) Name: Date:	Signature Registrar I/c Name: Date:

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

1. Any other document/Information/Form which is relevant to.