

INDENT FORM FOR STATIONERIES

INDENT FOR THE MONTH OF**200**
FOR THE DEPARTMENT OF

Sl.No.	Items	Quantity Required	Quantity issued	Remarks
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				

Signature of the Indentor,

Full Name_____

Designation_____

Date._____

Check by

Issued by

Received by
