ICMR-National Institute of Epidemiology Ayapakkam, Chennai- 600 077 (Separate Indent book to be maintained for each project)

INDENT BOOK (Consumable Items) No.

Date:_____

Indent No.															
Date:			3. In c	case of	Project mer	ntion, Pro	ject Name:			Budget H	lead:				
			4. Nai	me of t	he Project P	P.I.:									
Previous Indent			;	CI		0.4	A A		(Store use only) entered in the stock						
No.	Date	Qty		SI. No.	Items	Qty Req.	Amount (Rs.)	Qty Issued	Reg.No	P. No	Item No.	Initials			
		Issued	Balance												

Signature of Indenter :	
Name :	
Designation :	Recommendations of the Unit / Division Head & Signature

Administrative Approval of the above purchase Approved/Not Approved

DIRECTOR