LAB CONSUMABLE INDENT FORM

Name of Section/Division/Project under which Required .....

Name of the Indentor/P.I. .....

Sl.No.	Code/category No.	Page No.	Brand Make	Name of the item/article	Quantity	Cost	Existing stock position	Purpose and justification for the requisition

This is certified that the items indented above are approved under Annual Rate Contract for the year .....and the details mentioned above are as per approved price list of the firm/agency under ARC with the Institute. The items are required for research work.

Signature of the Indentor/Scientist with date:

Signature of the P.I./Head of Division/Regional Centre: