

Accredited by NAAC with 'A' Grade | Accredited by NBA

Date:

REQUISITION INDENT (CONSUMABLE)

Name of St	mane of Staff Department Material / Item required		
Sr No		Quantity	Remarks of store Department
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
Purpose			
Forwarded	by (Head of Department):		
	Registrar	Principal	Executive Director
	Remark of Store In charge	Mate	rial Receiver's Name and Signature

Approved By AICTE, New Delhi, Recognised by Govt. of Maharashtra & Affiliated to Shivaji University, Kolhapur.

Form ID: DYPCET: Store/03