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Form ID: DYPCET: Store/01 Date: \_\_\_

## PURCHASE INDENT FORM (EQUIPMENTS/SEMICONSUMABLE/FURNITURE)

Name of Staff		Department				
Sr No	Detail Specifications of the Equipment	Name of Suppliers (if available)	App	orox. Rate (Rs)	Quantity	Approx. Cost (Rs)
Budget	t Head: Recurring/Capital/ Any	y other				
	Total Budget Provision	Budget Utilized till date		Balance Budget		
Purpos	e					
Forwar	rded by (Head of Department):					
Registrar		Principal		F	Executive Director	
Note: Submit duly signed form to store section for further process						

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

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