



Form ID: DYP CET: 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)	Approx. Rate (Rs)	Quantity	Approx. Cost (Rs)

Budget Head: Recurring/Capital/ Any other _____

Total Budget Provision	Budget Utilized till date	Balance Budget

Purpose _____

Forwarded by (Head of Department): _____

Registrar

Principal

Executive Director

Note: Submit duly signed form to store section for further process