



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

Form ID: DYP CET: Store/004

Date: \_\_\_\_\_

**Write Off (Equipments/Semi Consumable)**

Department \_\_\_\_\_ Name of Laboratory \_\_\_\_\_

| Sr No | Name of Equipment | Equipment Serial No. as per Dead Stock | Details of Equipments | Dead Stock Page No. |
|-------|-------------------|--|-----------------------|---------------------|
|       |                   |  |                       |                     |
|       |                   |  |                       |                     |
|       |                   |  |                       |                     |
|       |                   |  |                       |                     |
|       |                   |  |                       |                     |

Reason for write off \_\_\_\_\_

Lab Assistant

Lab Incharge

Forwarded by (Head of Department): \_\_\_\_\_

Remarks of Software and Hardware In charge \_\_\_\_\_  
(If Applicable)

**Registrar**

**Principal**

**Executive Director**

|                                 |
|---------------------------------|
| Inward No: _____<br>Date: _____ |
|---------------------------------|

|                           |
|---------------------------|
| Remark of Store In charge |
|---------------------------|