



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: _____ Date: _____
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Remark of Store In charge
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