



Form ID: DYPCET: Store/001

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

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