

CENTRAL AVIAN RESEARCH INSTITUTE
IZATNAGAR - 243 122 (U.P.)
STORES REQUISITION SLIP
[To be prepared in duplicate]

Name of the Section/Division:

Dated:

| Description of articles (with full specifications giving description/serial No. of machine/assembly to which fitted) | Number/Q uantity required for next 3/6/12 months | Approx. cost (Rs.) | Number/Quanti ty already in hand | Date and quantity of last supply Date Quantity | Average monthly consumption | Manufacturer 's name and complete address, if proprietary article | Purpose for which required giving full reasons why procurement cannot be postpone up to next financial year |
|--|---|--------------------------|--|--|-----------------------------------|--|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| | | | | | | | |
| | | | | | | | |

Signature
Indenting Officer

Signature
Head of Division/Section