**PROCUREMENT INDENT – ‘F’**

Purchase of Goods coming under Rate Contract

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|  | Indent No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_(To be filled by Purchase Section) |

1. Only typed Indent without any cutting/ overwriting will be accepted.
2. Indent should be submitted for ‘same category’ of items.

TO BE FILLED BY THE INDENTING OFFICER : DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
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| Name of the Indenting Officer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Designation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Landline/ Mobile No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name of HOD : | Designation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Landline/ Mobile No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name of Dept./Section\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Landline/ Mobile No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Total cost of all indented items  | Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_/- (Rupees \_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |

Category : Asset/ Consumable (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_ .

(Equipment/ Spares/ Accessories/ Drugs/ Medicine/ Instrument/ Chemicals and Reagents/ X-ray Diagnostics Agents/ Dental Material, X-ray films/ X-ray Intensifying Screens/ Life Saving Equipment/ Office Stationery/ office Equipment/ Any other : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please specify)

The following items are required for (purpose in brief with function and full justification for the present requirement) \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requirement : Fresh/ additional/ replacement (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- |
| SlNo | Name of the item(s) with detailed specification (Pack size) & Code/ Part No. etc. | Qty. | Cost of each item in Rs. | Available/ Not Available inStores | Signatures of Stores |
| Store Keeper | ASO |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |

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| --- | --- |
| Annual tentative requirement : |  |
| Date of last purchase if any/ If yes, the details may be attached in a separate sheet |  |
| Balance stock in Department and its duration of consumption : |  |
| The tentative duration of the quantity indented will last : |  |
| Name and address of the Vendor : |  |
| Whether PAC item(s) or not : |  |
| If Proprietary item(s) please enclose the required certificate (PAC) : |  |
| Duration of the Rate Contract : |  |

Certified that the specifications are complete and correct to meet the requirement in all respects.

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| Signature of Indenting OfficerDate : |  Signature of HOD Date : |
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