



रीजनल इंस्टिट्यूट ऑफ पैरामेडिकल एन्ड नर्सिंग साइंसेज
REGIONAL INSTITUTE OF PARAMEDICAL AND NURSING SCIENCES

(भारत सरकार, स्वास्थ्य एवं परिवार कल्याण मंत्रालय, स्वायत्त संस्थान)
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INDENT FORM

Name of Indentor : _____
Designation : _____
Dept/Section : _____
Date : _____
Indent No. : _____

Sl. No	Name of items with specifications	Quantity Indented	Stock Position	Date of last received with quantity

Received by : _____

Date of Received: _____

OIC/Principal/HOD's/Section i/c
Warden/Librarian/System Engr.
(Signature with Seal)