

NATIONAL INSTITUTE OF EDUCATIONAL PLANNING & ADMINISTRATION
17-B, Sri Aurobindo Marg, New Delhi-110016

INDENT FOR STATIONERY

Unit Name _____ Date of Issue _____

Project/Programme _____

S.No	Item Description	Quantity	Quantity Issued	Remarks
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				

Officer Authorising Supply _____
(Section Officer (GA)/Administrative Officer)

Indenting Officer Name _____

Designation _____

DATE ENTERED ON _____
(To be filled by Store In-charge)

Received as above _____