Department Of Telecommunication
Information Technology Cell
(Room No. 1415)

Dated: _________

REQUISITION FOR SUPPLY OF COMPUTER CONSUMABLE ITEMS

1. Name and designation of the Officer: ________________________________
   (In Block Capital)

2. Phone No. and Room No. of the Officer: _____________________________

3. Type of items required and their quantities
   ____________________________
   ____________________________
   ____________________________
   ____________________________
   ____________________________
   ____________________________

4. Previous Requisition No.: ________________________________

5. Type, Make, Model and DoT IT Number of the equipment(s) for which item are required:
   ____________________________
   ____________________________
   ____________________________
   ____________________________
   ____________________________

6. Name and designation of the person authorised by the officer to receive the aforesaid items: ________________________________

7. Signature of Authorised person ________________________________

Signature of the officer with official stamp

To

Store Incharge (IT, Cell)

RECEIPT

1. Signature ________________________________

2. Name and designation with I. Card No.: ________________________________

3. Date: ________________________________