

INDENT FORMAT NO. 1

**BIHAR ANIMAL SCIENCES UNIVERSITY
PATNA 800014**

Purchase of Goods/ items including minor fabrications and repairs without calling for quotations
(Upto Rs.50,000/-)

Indent No.& Date
(To be filled by purchase section)

A. TO BE FILLED BY THE INDENTER:

DATED _____

Name of Indenter _____

Designation _____

Name of Division/Section _____

Phone No.of Indenter _____

Total cost of indented items Rs. _____

Category: Asset/Non – Consumable/ Consumable (Please specify) _____

Requirement: Fresh/Additional/Replacement (please specify) _____

The following items are required for (purpose in brief with function): _____

S.No.	Generic Name of the item with detailed specifications	Qty.	Estimated cost of each item in Rs.	Availability in stores	Signatures of stores		
					Stores charge	In-	SO/SPO

Certified that the specifications are complete and correct to meet the requirement fully.

Signature of the Indenter _____

Date _____

B. Verified: Sufficient fund is available under above mentioned project/ budget head

Accountant

Departmental Head

Sanctioned a sum of Rs (In figure & word) only under B. Head

Sanctioning Authority _____

Name & Designation _____

Name & Designation _____

From Pre-page

- a) " I Shri/Ms/Dr am personally satisfied that these goods purchased are of the requisite quality and specification and have been purchased from a reliable supplier at a reasonable price ."
- b) " It is further certified that the required item is for specific use of the R&D and will be utilized for the project No. _____ (Strike out if not applicable)
- c) " It is certified that the item is not available in the stores"

Signature of the Sanctioning Authority

Date:

Name & Designation

C. CONTINGENT BILL

Indent No. _____ Dated _____

Project No. _____ BH _____ Bill Amount Rs. _____ (Rs. _____

_____ Only)

1. **Payment to the party directly by E-payment:-** Please admit the bill and payment to the party directly

M/s/

2. **In Case of Re-imbusement:-** Please admit the bill towards the re-imbusement of above amount in favour of Dr./Sh./Smt..... for

3. **In Case of Advance:** Please admit the advance bill towards the advance payment required by Dr./Sh./Smt for Purpose

It is also certified that no previous advance is outstanding against the indentor.

Dealing Asstt.

S.O.(S&P)

Drawing & Disbursing Officer

D. FOR USE BY FINANCE & ACCOUNTS SECTION

Dated _____

Bill No _____ Voucher No. _____

Project NO. _____ Classification Code _____ Cash Code _____

Pay Rs. _____ (Rs _____ only)

Noted in OB at item No. _____ Dated _____

Dealing Asstt.

Asst Comptroller

Finance Comptroller