

NCRMP

Name: - _____

Designation: - _____

Month: - _____

Indent to issue the Stationary Items: -

Sl. No	Name of Items	Quantity	Approved
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Signature

S.O.

Signature of receiver