



**ICMR – NATIONAL INSTITUTE OF EPIDEMIOLOGY
AYAPAKKAM, CHENNAI – 77**

INDENT NO:		DIVISION :			DATE :		
PLAN <input type="checkbox"/> PROJECT <input type="checkbox"/>		PROJECT NAME:					
S.NO	NAME OF THE ITEM	QUANTITY REQUIRED	QUANTITY RECEIVED	ENTERED IN.		INITIAL	
				REGR	P.NO	D.A	S.O
1							
2							
3							
4							
5							
6							
7							
8							
9							

SIGNATURE OF THE INDENTOR _____

NAME AND DESIGNATION _____

SIGNATURE OF THE SECTION IN-CHARGE _____

ADMINISTRATIVE OFFICER