

**SOFTWARE MANAEGMENT DIRECTORATE
INDENT FORM FOR COMPUTER CONSUMABLES**

Issue the below given item in the name of

Mr./Mrs. _____,

Designation: _____, Directorate: _____

Date: ___ / ___ / 20__

Employee code: _____

Signature _____

SL.No	ITEM	Specification	TICK ON THE INTENDED ITEM REQUIRED	REMARK
1.	Cartridge* (Replace Empty Ink and Toner Cartridges)		ONE	
2.	Pen drive *	4 GB/8 GB (8 GB, Dir and above)	ONE	
3.	Miscellaneous			

***Fill in separate indent form for each item**

Certified that the quantity intended is based on the actual work of this directorate.

Signature of: Director/Unit Head

Stamp

Name: _____

Employee code: _____

Directorate/Section: _____

To be filled by software management directorate.

Approved by: DIR/DD/ AD/AD-II (SMD)

Issued by: JE/AD-II (SMD)

Received By: Material received in correct and good condition.

Mr./Mrs. _____, Employee code:

Designation: _____, Directorate:

Signature: _____