**INDENT FORMAT NO. 1**

Format No.-07

**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 In- charge** | **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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Annexure ‘A’

**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 Indenter

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-imbursement:-** Please admit the bill towards the re-imbursement 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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_