**NATIONAL INSTITUTE FOR RESEARCH IN DIGITAL HEALTH & DATA SCIENCE**

 ANSARI NAGAR, NEW DELHI

#  Requisition slip for stationary

|  |  |  |  |
| --- | --- | --- | --- |
| Division/Section: | …………………………………………. |  Date: | ………………… |
| Name & Designation: | …………………………………………. |  |  |
| **S. No.** | **Name of article** | **Qty. Required** | **Qty. Issued** | **Store Register entry details** |
|  |  Scissor |  |  |  |
|  |  Stapler |  |  |  |
|  |  Double Hole Punch/ Single Hole Punch |  |  |  |
|  |  Glass |  |  |  |
|  |  Calculator |  |  |  |
|  |  Electric Kettle\* |  |  |  |
|  |  Board Marker/ Permanent Marker |  |  |  |
|  |  Mouse Pad |  |  |  |
|  |  Paper Cutter |  |  |  |
|  |  Pen Drive\* |  |  |  |
|  |  Hard Disk\* |  |  |  |
|  |  Pen Stand |  |  |  |
|  |  Scale |  |  |  |
|  |  Sponge |  |  |  |
|  |  Soap |  |  |  |
|  |  Stamp\* |  |  |  |
|  |  Steel Bottle\* |  |  |  |
|  |  Towel |  |  |  |
|  |  Tonner |  |  |  |
|  |  Rules Book |  |  |  |
|  |  Spiral Pad |  |  |  |
|  |  Tissue Paper\* |  |  |  |
|  |  Wall Clock\* |  |  |  |
|  |  Duster |  |  |  |
|  |  Router Dongle\* |  |  |  |

**\* Marked Items should be issued to the Section/Division Head only.**

Sign. of Section Head: …………………………………….

Receiver sign: ……………………………………….

Sign. of issue clerk: …………………………………

 Store Officer: ………………………………………