

Devi Ahilya Vishwavidyalaya, Indore

STATIONERY FORMS REQUISITION

Name of the Official Section of Department making the requisition :

Store Keeper,

Please Supply the following articles as entered in column :

S. No.	Articles	Total Number of quantity required	Remarks if any
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

Date _____

Signature of the Section Incharge

Registrar

Received the articles mentioned above

Signature with date receipt

D.A.V.P. 87-5000-10-10