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**FACULTY OF NURSING AND PUBLIC HEALTH**

**(PURCHASE REQUISITION FORM)**

**Kindly arrange to supply the following items for official use.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl. No** | **Items (Description with Model No, if any)** | **Specification, if any** | **Qty** | **Remarks** |
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**Requisitioned By: -**

**Name:** ………………………………………… **Designation:** ……………………………………. **Signature………………………………**

**For Verification: -**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl. No** | **Responsible Person** | **Responsibility**  | **Remarks/Signature** |
| **Step-1** | **Supervisor (s)** | **Recommendation of requirement if any;** |  |
| **Step-3** | **Store Section** | **Checking Stock Balance/Purchase** |  |
| **Step-4** | **Accounts Section** | **Budget Verification** |  |

**For Final Approval: -**

 **:- ……………………………………………………..**

 **DEAN**