



**CENTRE OF BIOMEDICAL RESEARCH (CBMR)**  
**INDENT FOR PURCHASE OF CONSUMABLES**  
**(FOR STATE GOVT)**

1. Name of Indentor :

2. Name of Lab for which item(s) is/are Indented :

Sl. No.	Nomenclature with full specifications	Name of company	Qty. Required	Expected consumption period	Cost (Approx.)	Stock in hand	Name of Research
1.							
2.							
3.							
4.							
5.							

Stores May Be Obtained From: (for purchase on proprietary a certificate to the effect on form P-3 should accompany) from M/s .....

Note: In case, number of items is more, a separate list on the same Proforma may be attached.

- Certified that above consumable are required for my research work and same will be utilized within the period 3 months/ 6 months and also informed that the stock position in hand may be given before items are purchased.
- Proforma Invoice for the above consumable are attached with this Indent form.

**Date**

**signature Indenter & Designation**

**signature of Head of Department**

**Following budgetary details to be filled up by accounts section**

- Above items will be purchased from State Fund / Other Source
  - f) Name of Budget Head :
  - g) Budget Allocation in current Financial Year :  
(Recurring / Equipment Grant, as applicable)
  - h) Budget Committed / Expenditure till date :
  - i) Amount proposed for above :
  - j) Balance Amount available for purchase  $e=[b-(c+d)]$ :
- Method of purchase recommended - Single Tender / Open Tender / Quotation / Local Purchase / RC basis.
- For RC basis Purchase - Rates mentioned above are verified with the Price List and found OK.

**Dealing Assistant**

**JAO**

**A.O.**

Above Indent is approved for put up before the Purchase Committee for their recommendation.

**(Chairman, Purchase Committee)**