

Place : P/ Lang Signature [Signature] Signature [Signature]

Date : 22/8/02 Name of Coordinator Dr. R. Thakur Das Name of Liaison Officer Dr. P. K. Sircar

All the above items (except)
are supplied to the Liaison Officer on
(date) with our bill No.....
 date.....for an amount of Rs. 1058/-

Place : Signature [Signature]
 Date : Name of the Supplier R. Schuy

The items supplied by the supplier are issued to the Coordinator
 and entry to the effect has been made in Stock Register at page number
dated.....

Date : Signature of
 Liaison Officer