Place : Middle State Signature: K.M. Sinha Roy Signature .....

Date : 2/9/02 Name of Coordinator Krishna Mohan Sinha 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 2/9/2002 for an amount of Rs. 52-84-00 /-

Place : M. State Signature R. Selvam

Date : 2/9/2002 Name of the Supplier R. Selvam

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

(CF No.:S1-8085)