Place : M. Shirke Signature: K. M. Sivala Raj Signature.....

Date : 7/9/02 Name of Coordinator Krishna Mohan Sivala Name of Liaison Officer Dr. P.K. Sinem

All the above items (except .....) .....)are supplied to the Liaison Officer on .....(date) with our bill No..... date...7/9/02....for an amount of Rs...1570...../-

Place : M Shirke Signature R. Selvam

Date : 7/9/02 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)