Place : Middle Anicut Signature: K. M. Sinha Raj Signature.....

Date : 10/8/02 Name of Coordinator K. M. Sinha Raj Name of Liaison Officer Dr. P. K. Singh

All the above items (except .....) .....)are supplied to the Liaison Officer on .....(date) with our bill No..... date...10/8/02.....for an amount of Rs...878...../-

Place : M. Street Signature R. Selvaraj

Date : 10/8/2002 Name of the Supplier R. Selvaraj

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)