| | | |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Place : Protector Hostel Agartala Signature: K. M. Sinha Roy Signature.....

Date : 10/8/2002 Name of Coordinator Krishna mohan Sinha Name of Liaison Officer Dr. P.K. Sinha

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. 6145 /-

Place : M/S Agartala Signature R. Selvan

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

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)