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

Date : 10/8/02 Name of Coordinator Krishnamohan 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 10/8/02 for an amount of Rs. 614.5 /-

Place : M. Strit Signature R. Sekran

Date : 10/8/02 Name of the Supplier R. Sekran

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

Date : Signature of .....
Liaison Officer

(CF No.:S1-8085)