Place : M. Stroke Signature K.M. Sirla Rao Signature .....

Date : 15/8/02 Name of Coordinator Krishna mohan Sirla R 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 15/8/02 for an amount of Rs. 4127 /-

Place : M Stroke Signature R. Selvan

Date : 15/8/02 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)