Place : Middle Street Signature: K. M. Sahu Raj Signature.....

Date 28/8/02 Name of Coordinator Krishna Murthy Sahu Name of Liaison Officer Dr. P.K. Sinar

All the above items (except .....) .....)are supplied to the Liaison Officer on .....(date) with our bill No..... date...28/8/02...for an amount of Rs....988...../-

Place : M Street Signature R Sekar

Date : 28/8/02 Name of the Supplier R Sekar

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)