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

Date : 25/8/02 Name of Coordinator Krishna mohan Sinha Roy Name of Liaison Officer Dr. R.K. Sinar

All the above items (except .....) .....)are supplied to the Liaison Officer on .....(date) with our bill No..... date 25/8/02 for an amount of Rs. 3390/=/-

Place : M Street Signature R Selvy

Date : 25/8/2002 Name of the Supplier R. Selvy

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)