Place : Middle Forte. Signature: ..... Signature.....

Date 21/8/02. Name of Coordinator Krishna mohan Sinha Roy..... 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 21/8/02 for an amount of Rs. 3,335/- /-

Place : M. /Street Signature .....

Date : 21/8/02 Name of the Supplier R. Selvam.....

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)