

# ***Goutham Group of Institutions***

# 258, 2nd Cross, 5th Main, Manjunathanagar, W.O.C. Road, Rajajinagar, Bangalore-10.

**FORM=2A**

**ORIGINAL/DUPLICATE**

## **INDENT FORM**

Date : \_\_\_\_\_

To,  
**The Store Incharge**  
Goutham Group of Institutions  
**Bangalore.560010**

Dear Sir,

Please supply the following stationery / Article for the use of our \_\_\_\_\_  
Department on or before \_\_\_\_\_ for the purpose of \_\_\_\_\_  
and we certify that we do not have any stock in hand of the above stationery article.

<b>Sl. No.</b>	<b>Description</b>	<b>Quantity Required</b>	<b>Quantity Supplied</b>	<b>Remarks</b>	<b>Signature</b>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

**NOTE :-** 1. Certified that the above Stationery / Article used for official purpose only  
2. Indent Form should be submitted in duplicate.

**Indentor Signature &  
Name .....**

**Signature of HOD**

**Signature of  
Store Keeper**

**Approved by  
Principal/AO/PRO/Accountant**