Subject: Signature of Store Keeper on C/NC Forms.

With the approval of Competent Authority, all store keepers are requested to sign the Consumable/Non-Consumable Forms along with buyer and inventory holder after ascertaining installation/assets entry in the Asset Register for the purpose of maintaining effective record and channeling purchase process at the departmental store.

All Heads of Departments/Centre’s/Sections/Units/Cells are requested to bring the attached C/NC forms to the notice of all Faculty, Officers and concerned staff.

Kalyan Kr. Bhattacharjee
Assistant Registrar (CDN)

Dy. Directors/Deans/Wardens/Head of Deptts./Centre/Sections/Units/Cells.

Cc to:

1. P.S. to Director
2. Secy. to Registrar
3. D.R. (Accounts)
4. Head, Hindi Cell {For Publication in SAMPARK” & “This Fortnight in IIT”}
5. Officer l/C, Publication Cell
6. Secy., to Faculty Forum/Officers Association/IIT E Union
7. Master File
Form 'NC'

For Adjustment of Cash Advance/Advance by Cheque/Imprest for payment by cheque
(Please Tick)

Deptt. Code _______ 20 - 20 S. No. _______
(Financial Year)

भारतीय प्रौद्योगिकी संस्थान: दिल्ली
INDIAN INSTITUTE OF TECHNOLOGY: DELHI
SUMMARY SHEET
NON CONSUMABLE STORES

Name of Official who drew Advance: (Buyer) 

Emp Code _______ Advance Amount Rs. _______

Department/Section _______ Project Code _______

Budget Head _______ Sanction No. (if any) _______

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Name, Address of Supplier Memo No. &amp; Date</th>
<th>Description of Items</th>
<th>Qty.</th>
<th>Rate</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Total

|      |                                          |                       |      |      |        |

|
Certified that the items on this sheet have been procured by me in good condition.

For Adjustment/For Payment
- Passed for Rs. ........................................
- Deduction to be made Rs. ........................................
- On A/C of ........................................
- Already paid Rs. ........................................
- Balance now payable Rs. ........................................
- (in words) ........................................
- By cheque directly to vendor/through ........................................
- (name) ........................................

Sign. of Buyer (s) ........................................

Sign. of Store Keeper ........................................

HOD/Nominee to sign after ensuring that S.No. as put at the top of the previous page is in order.

Sign. Registrar ........................................
E. Code: ........................................

Sign. of AR (Store) or nominee ........................................

IRD A/Cs. Main Accounts/ Audit/ Stores

ISSUE RECORD

<table>
<thead>
<tr>
<th>Date</th>
<th>Particulars of items</th>
<th>Quantity</th>
<th>Balance</th>
<th>Issued to</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Received</td>
<td>Issued</td>
<td>Sign. &amp; E. Code</td>
</tr>
</tbody>
</table>


**FORM 'C'**

For Adjustment of Cash Advance/Advance by Cheque/Imprest for payment by cheque
(Please Tick)

Deptt.Code _____ 20 - 20 S.No. _____
(Financial Year)

**भारतीय प्रौद्योगिकी संस्थान: दिल्ली**

**INDIAN INSTITUTE OF TECHNOLOGY: DELHI**

**SUMMARY SHEET**

**CONSUMABLE STORES**

Name of Official who drew Advance: (Buyer) __________________________

Emp Code __________________________ Advance Amount Rs. ______________

Department/Section __________________________ Project Code ______________

Budget Head __________________________ Sanction No. (if any) ______________

<table>
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<th>S.No.</th>
<th>Name, Address of Supplier Memo No. &amp; Date</th>
<th>Description of items</th>
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</tbody>
</table>

Total

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Note: The form is designed for recording consumable store items for adjustment of cash advance or advance by cheque.
Certified that the items on this sheet have been procured by me in good condition.

Name(s):
E. Code(s):

Sign. of Buyer(s)

For Adjustment/For Payment:
Passed for Rs. ........................................
Deduction to be made Rs. ........................................
On A/C of ........................................
Already paid Rs. ........................................
Balance now payable Rs. ........................................
(in words) ........................................
By cheque directly to vendor/through
(name) ........................................

Sign. of Store Keeper

Sign. Registrar
E. Code:

HOD/Nominee to sign after ensuring that S.No. as put at the top of the previous page is in order.

Sign. of AR (Store) or nominee

IRD A/Cs. Main Accounts/ Audit/ Stores

ISSUE RECORD

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