



**SIKKIM MANIPAL UNIVERSITY**

5TH MILE, TADONG, GANGTOK-737 102

**To be sent in original to the University Purchase Office**

- |   |  |
|---|--|
| <input type="checkbox"/> Spares for Equipment | <input type="checkbox"/> Printing & Stationery |
| <input type="checkbox"/> Lab consumable       | <input type="checkbox"/> Computer Accessories  |
| <input type="checkbox"/> Hospital Consumable  | <input type="checkbox"/> Cleaning Materials    |
| <input type="checkbox"/> Pharmacy item        | <input type="checkbox"/> Other                 |

**PURCHASE REQUISITION [ RECURRING ]      Date :**

**NAME OF THE PERSON & DEPARTMENT PLACING THE REQUISITION**

Name:	Designation:
Requisitioning Department:	Institution:

**PURCHASE REQUIREMENTS**

QUOTATIONS & COMPARATIVE STATEMENTS TO BE ATTACHED & FINAL RATE/QUANTITY APPROVED ONLY SHOULD BE FILLED BELOW

SL #	ITEM DESCRIPTION / SPECIFICATION	QUANTITY		RATE/UNIT	AMOUNT (Rs)
		Already hold	Required Now		
<b>TOTAL</b>					

(Attach separate sheet as annexure to this, if required.)

**Specific remarks, if any:**


**SUPPLIER INFORMATION**

SL #	NAME & ADDRESS OF THE SUPPLIER	IMPORTANT TERMS & CONDITIONS

**APPROVAL OF INSTITUTIONAL PURCHASE COMMITTEE**

[Head of Department]                      [ Head of Institution]                      [ Member(s) of Purchase Committee]

**FINANCIAL AUTHORISATION [TO BE FILLED BY FINANCE OFFICE]**

Financial Authorisatin No.:	Budget Reference:
Authorized Amount (rupees):	
Date:	Authorised Signatory