KHYBER MEDICAL UNIVERSITY HAYATABAD PESHAWAR KHYBER MEDICAL UNIVERSITY HAYATABAD PESHAWAR

STORE SECTION STORE SECTION

 **ONLY USE FOR MISCELLANEOUS ITEMS ONLY USE FOR MISCELLANEOUS ITEMS**

Name of Section / Deptt\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dated\_\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ Name of Section / Deptt\_\_\_\_\_\_\_\_\_\_\_\_\_Dated\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_

 Demand voucher No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Issued voucher No\_\_\_\_\_\_\_\_\_\_\_\_

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| S. No | Description of Items | Qty Demanded | Date & Qty of last issued | Qty Issued |
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| S. No | Description of Items | Qty demanded | Qty Issued |
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 Issuing Authority Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Designation\_\_\_\_\_\_\_\_\_\_\_\_\_ Received by Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Designation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date and Stamp \_\_\_\_\_/\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signatrue\_\_\_\_\_\_\_\_\_\_\_\_\_\_Section / Deptt\_\_\_\_\_\_\_\_\_\_\_Stamp\_\_\_\_\_\_\_\_\_

 KHYBER MEDICAL UNIVERSITY HAYATABAD PESHAWAR KHYBER MEDICAL UNIVERSITY HAYATABAD PESHAWAR

STORE SECTION STORE SECTION

 **ONLY USE FOR STATIONARY ITEMS ONLY USE FOR STATIONARY ITEMS**

Name of Section / Deptt\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dated\_\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ Name of Section / Deptt\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dated\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_

 Demand voucher No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Issued voucher No\_\_\_\_\_\_\_\_\_\_\_\_

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| S. No | Description of Items | Qty Demanded | Date & Qty of last issued | Qty Issued |
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| S. No | Description of Items | Qty demanded | Qty Issued |
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 Issuing Authority Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Designation\_\_\_\_\_\_\_\_\_\_\_\_\_ Received by Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Designation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date and Stamp \_\_\_\_\_/\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signatrue\_\_\_\_\_\_\_\_\_\_\_\_\_\_Section / Deptt\_\_\_\_\_\_\_\_\_\_\_Stamp\_\_\_\_\_\_\_\_\_\_\_\_

KHYBER MEDICAL UNIVERSITY HAYATABAD PESHAWAR KHYBER MEDICAL UNIVERSITY HAYATABAD PESHAWAR

STORE SECTION STORE SECTION

 **ONLY USE FOR EQUIPMENTS/CHEMICALS & REAGENTS ONLY USE FOR EQUIPMENTS/CHEMICALS & REAGENTS ITEMS**

Name of Section / Deptt\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dated\_\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ Name of Section / Deptt\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dated\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_

 Demand voucher No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Issued voucher No\_\_\_\_\_\_\_\_\_\_\_\_

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| S. No | Description of Items | Qty Demanded | Date & Qty of last issued | Qty Issued |
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| S. No | Description of Items | Qty demanded | Qty Issued |
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 Issuing Authority Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Designation\_\_\_\_\_\_\_\_\_\_\_\_\_ Received by Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Designation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date and Stamp \_\_\_\_\_/\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signatrue\_\_\_\_\_\_\_\_\_\_\_\_\_\_Section / Deptt\_\_\_\_\_\_\_\_\_\_\_Stamp\_\_\_\_\_\_\_\_\_\_\_\_

KHYBER MEDICAL UNIVERSITY HAYATABAD PESHAWAR KHYBER MEDICAL UNIVERSITY HAYATABAD PESHAWAR

 STORE SECTION STORE SECTION

 **ONLY USE FOR FURNIUTRE/FIXTURE ITEMS ONLY USE FOR FURNIUTRE/FIXTURE ITEMS**

Name of Section / Deptt\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dated\_\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ Name of Section / Deptt\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dated\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_

 Demand voucher No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Issued voucher No\_\_\_\_\_\_\_\_\_\_\_\_

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| S. No | Description of Items | Qty Demanded | Date & Qty of last issued | Qty Issued |
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| S. No | Description of Items | Qty demanded | Qty Issued |
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 Issuing Authority Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Designation\_\_\_\_\_\_\_\_\_\_\_\_\_ Received by Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Designation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date and Stamp \_\_\_\_\_/\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signatrue\_\_\_\_\_\_\_\_\_\_\_\_\_\_Section / Deptt\_\_\_\_\_\_\_\_\_\_\_Stamp\_\_\_\_\_\_\_\_\_\_\_\_