

INDENT/REQUISITION SLIP**SCHOOL OF APPLIED SCIENCES & TECHNOLOGY (SAST)
GUJARAT TECHNOLOGICAL UNIVERSITY
STORE & PURCHASE DEPARTMENT****Slip No: -****Date:-** _____

Please issue the following Materials.

Sr.No	Particular	Qty.	Purpose of Use
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Remarks:

Indenter: _____

Approved By:- _____

Storekeeper

Director

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