DEPARTMENT OF TEXTILE TECHNOLOGY

STOCK REQUISITION FORM

(To be submitted directly to Store Keeper)

Lab. In-charge Name: ..... S.No. .....

Student / Staff Name: .....(Mobile)..... Date.....

Entry No./ Emp. Code .....

Laboratory Name: .....

B.Tech/M.Tech/PhD

(Please Tick Mark) Project/Regular Practical

Sl. No.	Qty.	Item	Remarks

Approved by
Head

(Store Keeper)

(Signature)
Indenter / Lab In-charge