



Dept./KVK/RRS/ of \_\_\_\_\_

CCSHAU

**DISTRIBUTION OF ITEMS PROFORMA**

Name	Designation	Room No.	Mobile No.

**Details of items issued**

Sr. No.	Name of item	Specification(s), if any	Qty. issued	Date of issue	Register No.	Page No.	Entry No.	Purchase Value

**Sign. of Receiver**

(Name \_\_\_\_\_)

**Sign. of Store Keeper**

(Name \_\_\_\_\_)

SEEN

**Prof. & Head/RD/Coordinator, KVK**

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