

**NATIONAL INSTITUTE OF TECHNOLOGY, UTTARAKHAND**  
**REQUISITION FORM No.: 5**

(NOTE: GFR-149 (i) Direct online purchase of goods through GeM Portal upto `50,000/-)

Department/Section:

Name of the Indentor:

Date:

Name of the Lab. /Unit:

Deptt: Ref.No.

Grant from which expenditure is to be booked:

To,  
The Director  
Sir,

The following items are required for:

Sl. No.	Description of goods (Name, Brand, Product ID etc)	Specifications	Quantity		Estimated Cost in `
			Balance in stock	Required	
<b>Total Cost</b>					
Detailed Justification:-					

Indenter

Section Head/HoD

Supdt/AR (Stores)

Supdt/AR (Accounts)

Assistant Registrar (Admn)

Dean/Asso. Dean (P&D)

**Recommendation / Not Recommendation**

**Approved/ Not Approved**

**Registrar**

**Director**

Supdt/AR (Store) for further necessary action.

**NATIONAL INSTITUTE OF TECHNOLOGY, UTTARAKHAND**  
**REQUISITION FORM No.: 6**

(NOTE: GFR-149 (ii) Direct online purchase of goods through GeM Portal above `50,000/- and upto `30,00,000/- )

Department/Section:

Name of the Indentor:

Date:

Name of the Lab. /Unit:

Deptt: Ref.No.

Grant from which expenditure is to be booked:

To,  
The Director  
Sir,

The following items are required for:

Sl. No.	Description of goods <i>(Name, Brand, Product ID etc)</i>	Specifications	Quantity		Estimated Cost in `
			Balance in stock	Required	
<b>Total Cost</b>					
Detailed Justification:-					

Indenter

Section Head/HoD

Supdt/AR (Stores)

Supdt/AR (Accounts)

Assistant Registrar (Admn)

Dean/Asso. Dean (P&D)

**Recommendation / Not Recommendation**

**Approved/ Not Approved**

**Registrar**

**Director**

Suptd/AR (Store) for further necessary action.

**NATIONAL INSTITUTE OF TECHNOLOGY, UTTARAKHAND**  
**REQUISITION FORM No.: 7**

(NOTE: GFR-149 (iii) Direct online purchase of goods through GeM Portal above `30,00,000/-)

Department/Section:

Name of the Indentor:

Date:

Name of the Lab. /Unit:

Deptt: Ref.No.

Grant from which expenditure is to be booked:

To,  
The Director  
Sir,

The following items are required for:

Sl. No.	Description of goods <i>(Name, Brand, Product ID etc)</i>	Specifications	Quantity		Estimated Cost in `
			Balance in stock	Required	
<b>Total Cost</b>					
Detailed Justification:-					

Indenter

Section Head/HoD

Supdt/AR (Stores)

Supdt/AR (Accounts)

Assistant Registrar (Admn)

Dean/Asso. Dean (P&D)

**Recommendation / Not Recommendation**

**Approved/ Not Approved**

**Registrar**

**Director**

Suptd/AR (Store) for further necessary action.