

Performa for Items/Equipments being returned to the store

(To be filled in triplicate separately for each individual item/equipment; one copy duly signed by the store keeper should be retained by the user as record and proof of returning the item/equipment)

		Date	
Name of th	ne employee	.Theme/Section	
Name of It	em/Equipment		
Make & M	lodel		
	tem/equipment: Working / Not Working / Repair		
Following	details are required for equipment only		
(i)	Year of purchase	(ii) Cost	
(iii)	Manufacturer		
(iv)	Address of supplier		
(v)	In case the equipment is not working, plea	se mention technical reasons	
a			
b			
c			
(vi)	If not working, please attach the report of	relevant services engineer / Committee.	
(Sign	nature of store keeper with date)	(Signature of the user with date)	
(Nam	ne)	(Name)	