

Indian Council of Medical Research(Hqr)

Ansari Nagar, New Delhi – 110029
(Store Section)

Division/Section.....

Dated.....

CARTRIDGE REQUISITION SLIP

S. No.	Name of User & Designation	Room Number	Cartridge Model	Qty	Printer Model	Printer Serial Number	Date of issue of Last Cartridge
1							
2							
3							

It is certified that the cartridge issued will only be used for official purpose of the headquarter.

Signature with date
(Head/Sr. AO/AO/SO)

Note: Please send the requisition slip using e-receipt.