

**ICMR- NATIONAL INSTITUTE OF CANCER PREVENTION AND RESEARCH**  
**Plot No.I-7, Sector-39,Noida-201301**

**Requisitionslipfor**  
**StationeryandMisc.Name.....**  
**Date.....**

S.No.	Name ofarticles	Qty.	Issued	Entered	Remarks
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Sig.A.O./S.O.....  
above

Receivedthe

Sig. IssueClerk.....

Sig.....

Kindly pay me an advance of Rs.....(Rupees  
.....)for the  
purchase of.

Permission for the purchase of the above mentioned items  
have already been obtained. No previous advance is outstanding  
against me.

Drawing and Disbursing Officer                      NAME &                      Signature  
DESIGNATION

Kindly pay me an advance of Rs.....(Rupees  
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DESIGNATION