

**NORTH EASTERN INSTITUTE OF AYURVEDA & FOLK MEDICINE RESEARCH**

**REQUISITION AND ISSUE VOUCHER**

1. Name of requisitioner : \_\_\_\_\_  
2. Designation : \_\_\_\_\_  
3. Date and time of indent : \_\_\_\_\_

Sl No.	Item Description	Unit	Qty. Required	Qty. Issued	Remarks

Certified that the above item(s) is/are absolute minimum required for official use only.

Demanded by

Issued by

Received above Items

Signature  
Name \_\_\_\_\_

Store Keeper/Inventory Holder

Signature  
Name \_\_\_\_\_

**Signature of Director**