

**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 |
|--------|------------------|------|---------------|-------------|---------|
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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**