

DA-IICT, Gandhinagar  
Material issue slip

Date: \_\_\_\_\_

Student ID: \_\_\_\_\_ Student name: \_\_\_\_\_

Purpose of material required: \_\_\_\_\_

Material used between group of students: Yes/No, if yes, fill up group detail

Group detail			
Student ID	Sign	Student ID	Sign

Sr. no	Description of material	Material serial no. if any	Quantity (in words)		Remarks
			Demanded	Issued	

Requested by :  
(sign & name, ID)

Approved by :  
(sign & name)

Issued by :  
(lab no., sign & name)

Received by:  
(sign & name, ID)

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