IR No. Dated :

MATERIAL INSPECTION REPORT

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Part -A (Stores & Purchase Section )** | | | | | | | |
| **Indenter Name & Department:** | | |  | | | | |
| **P.O. No.** |  | | | **Dated:** |  | **P.O. Amt.:** |  |
| **Supplier:** | | M/s | | | | | |
| **Invoice No.** | | | **Invoice Date** | **Gate Entry no.** | | **Gate entry Date** | |
|  | | |  |  | |  | |

J.Supdt(S&P) JA(S&P)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Part -B (To be filled by Department)** | | | | | | | | |
| **Sl. No.** | **Name of item(s)** | | **Qty. Ordered** | **Qty Received** | **Actual Date of Delivery** | **Serial no. of Each item in case of LTA/NC** | **Date of Installation of Item, if applicable** | **Current Location of Each item** |
| **1** |  | |  |  |  |  |  |  |
|  | | | | | | | | |
| **Name of Dept. Stock Register** | | **Page no. and Entry Serial no.** | | **Date of Stock Entry** | | **Category of Material/ Item (Please tick as per actual)** | | |
| .............................. | | ............../........... | | ......./......./........ | | Consumable / Limited Time Asset / Non Consumable | | |
| **Name of Inventory Holder (In Capital letter)**  (In case of more than one inventory holder please enclosed separte list containing their name name and Signature with date)  Certified that material (s) has/have been examined and received by the Inventory Holder and found acceptable according to quality, quantity and specifications ordered as per aforementioned details. Payment may be released/ adjusted as per the T&C of purchase order.  **Signature of Dealing Assistant Signature of Inventory Holder with Date** | | | | | | | | |

**Deputy Registrar**

**J.Supdt(S)**

**Name of Stores Stock Register Page no. Sl. no. Date Personal Inventory Register Page no. Serial No**.

File may be forwarded to the Accounts Section for further necessary action please.

**Part-C (To be filled by Stores & Purchase Section)**

**Part-D (For Accounts Section only)**

**Payment released/adjusted vide Cheque/DD/RTGS No. Dated Rs. against above mentioned Invoice/Bill.**

***Voucher No. (Journal /Payment) Dated***

**Jr. Supdt. (S)**

**AO (Accounts)**