INTERNATIONAL ISLAMIC UNIVERSITY ISLAMABAD

(Central Store)

Date __ /__/_____

Name		**Designation**	
Phone Number		**Block**	
Department/Institute Section/Hostel/Lab		**Faculty**	
Campus		**Room No**	

Sr.	Item Name	L.F.	Quantity Demanded	Quantity Issued	Remarks

Recipient:

Name: _____

Designation: _____

Date & Signature: _____

Purpose:

_____

_____

_____

Prepared By **Section Incharge (Sign & Stamp)** / **Incharge (P & S)** **Storekeeper**

* Indent Form would not be accepted without the Stamp and Signature of Section Incharge
* For any queries, please contact 051-9019259.