

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:

Purpose:

Name: _____

Designation: _____

Date & Signature: _____

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.