

**Indent for Non Annual Articles for the year 20..... 20.....**

**Name of the Office:**

**Details of Staff (Attach separately with scale of pay)**

Sl No	Name of Items	Quantity received in last 10 years						Indent for	Recommen- ded quantity	Sanctio ned quantity
1.	Ink and pencil eraser									
2.	Type brush									
3.	Dust brush									
4.	Penknife single blade									
5.	Stationery punch									
6.	Call bell									
7.	Scissors									
8.	Binders scissors									
9.	Writing Pad									
10.	Paper weight (glass)									
11.	Paper weight (Rubber)									
12.	Pincushion									
13.	Letter weighing balance									
14.	Metric weight set									
15.	Table cloth									
16.	Stapler No. 10									
17.	Stapler No. 24/6									

Signature and designation of the  
Counter signing Officer

Signature and designation of the  
Indenting Officer