RRC-NE/(Admin)/Stationery/Rev. 00/03

**Regional Resource Centre for NE States**

**(Branch of NATIONAL HEALTH SYSTEMS RESOURCE CENTRE, NEW DELHI)**

**Ministry of Health & Family Welfare, Govt. of India**

**Assam Medical Council Bhawan, G. S. Road, Khanapara,**

**Guwahati – 781022, Assam**

**Office Stationery Requisition Slip**

Name: ......................................................................... Date:........................................

Designation:.......................................................................

Division:...................................

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| **Sl. No.** | **Items** | **Qnty.** |
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Signature ........................................... Approved..............................................

Name..............................................

(The Respective department head should approve all the slips)

**FOR ADMINISTRATION OFFICE USE**

Authorised by......................................... Stationery Received by......................................

Date........................................................ Date............................

Issued by................................................

Date......................................................