SURVEY REPORT OF STORES (DISPOSAL OF SCRAP & MISC ITEMS)



TIET/CS/FT/17(00)

Deptt. / School /Centre:						Date:
Sr. No.	Description of Scr	rap	Qty	Apprx. Value (Rs.)	Location	Remarks
1						
2						
3						
3						
Note:	Kindly attach list	if items are more tha	n 03 Nos.			
Deptt.: Remarks of Head / Recommendations:				Signature		
					Name	
					Mobile No.	
Central Stores Remarks:					C: to	
					Signature Name	
					Mobile No.	
Depa	rtment Survey Co	ommittee Recommen	dations:			
Mem	lbers	1.	2		3.	4.
Signature						
Name & Designation						
Mob	lie No.					
Rema	arks			I		
Cons	idered and approve	d to write off and disp	oose the afor	ementioned	Scrap	
						DIDECTOD
Form	arded to CENTD A	L STORES for further	follow up a	nd coron dia	nosal	DIRECTOR
TUIW	aucu to CENTRA.		Tonow up a	nu serap uis	роза	