



INDIAN INSTITUTE OF TECHNOLOGY, DELHI

Deptt./Centre/Section/ Unit: _____

No.IITD/GeMPur/2019/____

Dated _____

Format for GeM Purchase

Purchase for: _____

Following items are required in the office of undersigned-

Sl. No.	Item Detail	Qty.
1.		
2.		
3.		
4.		
5.		
n		

It is certified that sufficient fund is available for this purchase and payment will be made out of the Budget Head: _____

Approval of the Competent Authority has been obtained for the said purchase.

Signature _____

Buyer's Name _____

Designation _____

Phone No. _____