

## Requisition Performa for purchase of consumables under Key Activity 4 (a)

Name of Faculty :

Department :

Registration ID :

ME

PhD

Title of Thesis :

Name of Supervisor (S) :

1. \_\_\_\_\_

2. \_\_\_\_\_

Academic Session \_\_\_\_\_

Funds already availed

\_\_\_\_\_  
(Year, Semester)

Fund Requirement

S.No.	Item	Tentative Cost	Justification

Signature of faculty

Recommendation of Supervisor

Nodal Officer  
Key Activity 4 (a)