

**Form-25****राष्ट्रीय स्वास्थ्य एवं परिवार कल्याण संस्थान/National Institute of Health and Family Welfare**

विभाग/Department हिन्दी कक्ष/Hindi Cell (मांगपत्र फार्म 'क'/Indent Form 'B') लेखाशीर्ष/Head of A/c : Stationary & Forms  
मांगपत्र संख्या/Ident No. \_\_\_\_\_ उपभोक्ता सामग्री हेतु/For Consumable Stores) सामग्री की श्रेणी/Category of Stores : Consumable  
तिथि/Date 14.12.2000 वार्षिक/पूरक/आकस्मिक मांगपत्र/Annual/Supplementary/ वार्षिक/Year 2000-2001  
Emergent

क्रमांक Sl.No.	सामग्री का नाम Name of the Article	पूरा विवरण/केटलॉग सं/मेक Full Specification Catalogue No./Make	पैकिंग ईकाई Units of Packing.	उपलब्ध स्टाक Stock in hand	अपेक्षित मात्रा Now reqd.	अति.मांग का कारण Reasons for Addl reqt.	आपूर्ति स्रोत of Supply	अनुमानित लागत Approx. Cost.	टिप्पणी/ Remarks
1.	For Electronic Typewriters (two)	One	nil	two	-	As per	Stores's List.		

Note: Printer ribbon for Hindi Cell's Electronic Typewriter is immediately required. It is therefore, requested that the same may please be procured urgently and supplied to Hindi Cell, as no other ribbon is available in stock with Hindi Cell.

मांगकर्ता के हस्ताक्षर/Signature of Indentor \_\_\_\_\_  
विभागाध्यक्ष/अनुभागाध्यक्ष/Head of Deptt./Sec. \_\_\_\_\_

भण्डार अधिकारी