

Proforma – I (a)

**SUMMARY OF OBSOLETE ITEM(S) AS PER ANNUAL PHYSICAL
VERIFICATION –**

Name of Department:

Name of Laboratory:

S. No	Type of Item	Name of items(s) with complete Specificatio ns	Date of purchase	Qty.	Rate	Total Amount (Inclusive of all TAXES)	Grant Head (under which Purchased)	Reason	Whether similar items(s) available or not ?	Stock Ledger (Page & Sr.No.)		Remarks
1		2	3	4	5	6	7	8	9	10		

Head