

**REQUISITION FOR STATIONERY**  
**CONSUMABLE / NON-CONSUMABLE ARTICLES**

**RAJKUMARI AMRIT KAUR COLLEGE OF NURSING**  
**LAJPAT NAGAR, NEW DELHI - 110 024**

Department: \_\_\_\_\_  
Dated: \_\_\_\_\_

Name of the Article	Date & Quantity of last Supply	Balance in Hand	Quantity now Required	Signature of the receiving person	Remarks

**(OFFICE IN-CHARGE)**