



UNIVERSITY OF KASHMIR

HAZRATBAL, SRINAGAR, KASHMIR-190006
(NAAC Accredited Grade A+)

REQUISITION FOR ISSUANCE OF REFILLED GAS CYLINDER

S. No.	Name & Designation of the officer	Previous date on which cylinder issued	Cumulative No. of cylinders previously issued during the current session

Seal & Sig. of Officer In-charge

FOR OFFICE USE:

Previous date of issue checked: _____

Present date of issue: _____

May please be issued:

Store Keeper

Head Asstt.

Section Officer

Asstt. Registrar

ISSUE SLIP

Issue _____ (in words _____) refill cylinders against equivalent empty cylinders in favour of _____ through _____

Designation: _____, Emp Code: _____

Dated: _____

Store Keeper

Name & Sig. of Receiving Official with Emp. Code:

Dated: _____

