

Name of Employee/Department _____

Room No. _____

Given below is a list of items to which IIPS No. is to be given in the blank space and if the name is not in the list then please give the names below at the end and submit it in the month of March every year to the **Stores Department for Physical Verifications**

Sr. No.	Names of Items	IIPS No.	Remarks Working (W) Not working (NW)
1.	Laptop		
2.	Computers		
3.	Printers		
4.	CPU		
5.	UPS		
6.	Key Board		
7.	Cup Board		
8.	Tables		
9.	Chairs		
10.	Stools		
11.	Filing Cabinet		
12.	Air Conditioner		
13.	Ceiling Fan		
14.	Exhaust Fans		
15.	Typewriters		
16.	Racks		
17.	Xerox Machine		
18.	LCD Projector		
19.	Notice Board		
20.	White Board		
21.	Pen Drive - 4 GB & 8 GB		
22.	External Hard Disk		
23.	Camera		
24.	Washing Machine		
25.	T.V.		
26.	Geyser		
27.	Fridge		
28.	Water cooler		
29.	Any other item		
a			
b			
c			
d			
e			

Signature /Name of Employee