



# INDIAN INSTITUTE OF TECHNOLOGY GANDHINAGAR

## Payment Voucher

<input type="checkbox"/> Main	<input checked="" type="checkbox"/> Project	<input type="checkbox"/> Main + Project	<input type="checkbox"/> Imprest
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Date : 03/12/2025

Department / Section : Center For Creative Learning

1.	Unique Reference Number	P25-26/CCL/C0272/06923
2.	Invoice No.	Multiple bills
3.	Invoice Date	11/11/2025
4.	Name of the Supplier	Nakshi Biosciences Private Ltd
5.	Payment to be made in the name of	Nakshi Biosciences Private Ltd
6.	Purchase Type (Import or Indigenous)	Indigenous

Details of bills for amount claimed:

Sr.No	Type of stock(Asset/ Cons/ Service)	Subcategory of the stock	Description of the item (Item Name)	Net Amount	Remarks
1	Consumables (purchased separately)	Chemicals	Ferric nitrate nonahydrate , Malonic acid, Maganese sulphate, Hydrogen peroxide solution	1800.68	Invoice Number: NBPL/24-25/114, 11/11/2025/ Nakshi Biosciences
2	Consumables (purchased separately)	Chemicals	Potassium Iodate	2094.75	Invoice Number: NBPL/24-25/114, 11/11/2025/ Nakshi Biosciences
3	Consumables (purchased separately)	Chemicals	Sodium Hydroxide, Copper Sulphate Pentahydrate	1787.70	Invoice Number: NBPL/24-25/114, 11/11/2025/ Nakshi Biosciences
4	Consumables (purchased separately)	Chemicals	Sodium chloride	397.50	Invoice Number: NBPL/24-25/114, 11/11/2025/ Nakshi Biosciences

Total Amount in INR	6081.00
Advance taken (if any) in INR	0.00
Less : Penalty deducted in INR	0.00
Net Amount Payable in Figure : INR	6081.00
Net Amount Payable in words : INR	SIX THOUSAND EIGHTY ONE

Project/Fund Details:

Sr. No	Contents	Details
1.	Project No	CON/CCL/12379
2.	Project Title	PM Shri Kendriya Vidyalaya
3.	Balance in Project	
4.	Overhead Deducted	
5.	Source of payment	<input type="checkbox"/> Institute <input type="checkbox"/> Department <input type="checkbox"/> CPDA <input type="checkbox"/> IP <input type="checkbox"/> RIG <input checked="" type="checkbox"/> Project <input type="checkbox"/> PDA <input type="checkbox"/> DPA <input type="checkbox"/> Endowment <input type="checkbox"/> Not Applicable
6.	Head of expense	<input type="checkbox"/> Equipment <input checked="" type="checkbox"/> Consumable <input type="checkbox"/> Contingency <input type="checkbox"/> Others <input type="checkbox"/> Travel <input type="checkbox"/> Service heads <input type="checkbox"/> Not Applicable

This is to certify that

- The details shown in the invoice/receipt has been verified & found correct
- Material is received in good condition.
- Equipment/item procured is installed & working satisfactorily



- Material is entered in stock register as shown against it
- The purchase procedure has been observed for the purchase/expense
- The specification of material is verified & is as per required norms of the Institute

"I am personally satisfied that these goods purchased are of requisite quality and specification and have been purchased from a reliable supplier at a reasonable price

Requested for Approval of (Amount)

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Signature of Proposer/Indenter

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Name & Empl Code of the Indenter/ Proposer

**Manish Jain - C0272**

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