

**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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