***Sylhet Women’s Medical College***

**For the Department of**: Community Medicine Date: 15.12.2019

***Requirement Form***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| S.N | Present Purchase | | Pre. Stock | Previous Purchase | | | Remarks |
| Name of item | Qty | Qty | Date | Rate |
| 01 | KwiW‡ii UvBjm fv½v |  |  |  |  |  | **6ô Zjvi KwgDwbwU †gwWwmb wefv‡Mi KwiW‡ii UvBjm fv½v| †givgZ Kiv cÖ‡qvRb|** |

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| --- |
| Applicant Sign |

(Sign & Seal)

Applicant Name: **Md Azizur Rahman** Head of the Department

Designation: Office Executive

Department of Community Medicine

***Sylhet Women’s Medical College***

**For the Department of**: Community Medicine Date: 26.05.2019

***Requirement Form***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| S.N | Present Purchase | | Pre. Stock | Previous Purchase | | | Remarks |
| Name of item | Qty | Qty | Date | Rate |
| 01  02  03 | Zvjv (wUD‡Uvwiqvj iæ‡gi Rb¨)  Zvjv (ev\_ iæ‡gi Rb¨)  ‡nR eë (ev\_ iæ‡gi Rb¨) | 05wU  05wU  05wU | bvB  bvB  bvB |  |  |  |  |

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| Applicant Sign |

(Sign & Seal)

Applicant Name: **Md Azizur Rahman** Head of the Department

Designation: Junior Executive

Department of Community Medicine