Annex 8: Form P3b

		Form P3 b
NAME OF THE OF T	Centre for Industrial Consultancy & Sponsored Research Indian Institute of Technology Madras, Chennai 600 036	Phone No: 044 2257 8062 Fax. No : 044 2257 0545
List of Quotation Received (Name of the Vendors) In case of receipt of less than 8 quotations		
1		
2		
3		
4		
5		
6		
7		
Justification:		1
		Signature of the PC
		Name of the Department