

INDIAN INSTITUTE OF TECHNOLOGY GUWAHATI

FORM NO. SP-4M

PHYSICAL VERIFICATION REPORT

Equipment/ Office Equipment/ Office Furniture

(Please mention Department/ Centre/ Section/ Hostel etc. Name here)

Sl. No.	Description of Item with Make and Model	P.O. No. with Date	Qty.	Price as mentioned in the Asset Register	Location	Dept. Asset Register No., Page No. and Sl. No.	Status (Working/ Not working)	Remarks (Reasons if not working or any other observation)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

Certified that the item/s referred above has been verified and the information given here in is true to the best of our knowledge.

Member

Member

Chairman

HoD/ HoC/ HoS/ Dean/ Registrar (as applicable)