

Central Animal House, Punjab University, Chandigarh.

(Indent Cum Bill Form for the supply of Lab. Animals)

(To be filled by the user department)

Ref.No: _____

Dated: _____

1. Name of the Department:
2. Name of the Scientist In charge:
3. Type and No. of animals approved by I.A.E.C.
4. Name of the person to whom the animals to be issued

(Signature of the Scientist In charge)

Rates of animals: Rat: 30/- Mice: 18/- Rabbit: 90/-

Passed for payment of Rs. _____ (in words) _____
under the budget head _____ of the department
of _____.

For schemes NR Grants/scholarship, date of expiry of projects/grants-----

Certified that the budget provision exists

Dated: _____

(Signature of Chairman)

FOR USE OF CENTRAL ANIMAL HOUSE

Reference No: _____/CAH

Dated: _____.

The above amount of Rs.-----may be credited to the

‘CONTINGENCY’ the Central Animal House by affecting the Transfer
Entries.

The Chairman
Department of -----
P.U. Chandigarh

(Head & coordinator)
Central Animal House
P.U., Chandigarh