**Financial Approval for placing order on GeM**

1. Indenting Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FTS No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Description of Item (Add major specifications at the back)** | Quantity | Approximate Cost |
|  |  |  |

Name & Signature of Indenter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Central Store :**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Items Available YES/No | If YES (Qty.) | Total Qty issued till Date (if Assets) | NOC No. & Date | Signature & Date |
|  |  |  |  |  |

3. **GeM Procurement** : **<50,000/- >50,000 to 30 Lakh > 30 Lakh**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Goods** | **Goods ID** | **Cost/Unit** | **Quantity** | **Total Cost** |
|  |  |  |  |  |

GeM Demand No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. **Financial Concurrence:** Recommended /non-recommended for expenditure by **Financial Advisor**.

|  |  |  |  |
| --- | --- | --- | --- |
| **Functional Head (For Financial Year 2017-2018)-2210051054100** | | **Functional Head (For Financial Year 2017-2018)-4210031051200** | |
| Major Head-**2210:** SubMajor Head-**05,** Minor Head**- 105;** Sub Head**-41;** Detail Head**-00.** | | Major Head-**4210:** SubMajor Head-**03,** Minor Head**- 105.**  Sub Head**-12:** Detail Head**-00.** | |
| **OBJECT NO.** |  | **OBJECT NO.** |  |
| 01- (SALARIES) |  | 52- (MACHINERY AND EQUIPMENT) |  |
| 06- (MEDICAL TREATMENT) |  | 53- (MAJOR WORKS) |  |
| 11- (DOMESTIC TRAVEL EXPENSES) |  |  |  |
| 13- (OFFICE EXPENSES) |  |  |  |
| 20- (OTHER ADMINISTRATIVE EXPENSES) |  |  |  |
| 28- (PROFESSIONAL SERVICES) |  |  |  |
| 31- (GRANTS-IN-AID GENERAL) |  |  |  |
| 35- (GRANTS FOR CREATION OF CAPITAL ASSETS) |  |  |  |
| 36- (GRANTS- IN-AID SALARIES) |  |  |  |
| 50- (OTHER CHARGES) |  |  |  |

IFD Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature & Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Final approval for purchase by competent authority: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Product specification**

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**Specification Committee Member.**

Signature Signature Signature

Name : Name : Name :