PROFORMA – A

REPORT OF PHYSICAL VERIFICATION OF STORES :

Date of Verification ..... Deptt. ..... Name & Designation of the Custodian of .....

Sl. No.	Particulars		Qty as per book balance	Qty as per physical verification	Details of Discrepancies				Unserviceable			Remarks
	Item No. of the Stock Register	Description			Shortage/ Excess		Surplus to requirement					
					Qty	Book Value	Qty	Book Value	Qty	Rate	Book Value	
1	2	3	4	5	6	7	8	9	10		11	12

SIGNATURE _____ SIGNATURE 1.

_____

(Name & Designation of Officer in charge Stores) 2.

_____

(Name & Designation of the verification Committee Members)

NOTE: ARTICLES WHICH ARE FOUND INTACT NEED NOT TO BE SHOWN IN THIS STATEMENT

PROFORMA – B

REPORT FOR WRITING OFF OF STORE ITEMS OR RENDERED UNSERVICEABLE

Date of Verification ..... Department ..... Name and Designation of the custodian of stores .....

Sl.no.	Particulars				Book Value		Prescribed/ Estimated life	Yearly rate of depreciation	Depreciated cost of the material	**Salvage Value**	Remarks
	Item No. of the stock Register	Date of purchase	Description	Quantity	Rate	Amount					
1	2	3	4	5	6	7	8	9	10	11	12

SIGNATURE _____

_____

(Name & Designation of Officer in charge Stores)

_____

SIGNATURE 1.

2.

(Name & Designation of the verification Committee Members)