**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** : **<25,000/- >25,000 to 5 Lakh > 5 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 2022-2023)-2210051054100** | **Functional Head (For Financial Year 2022-2023)-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 :