



NATIONAL UNIVERSITY OF TECHNOLOGY

SCM OFFICE INSPECTION NOTE

PO/Contract No:

PO/Contract Date:

Date of Inspection:

Challan No:

Challan Date:

Date of Issue:

Demand No:

S No	Item Name	Specification	A/U	Supplier	Qty	Remarks

Satisfactory Note from User Department

1. Items received have been thoroughly checked and are in perfectly good condition.
2. Received items are as per specification demanded/contracted.
3. Delivery is complete and all items are accounted for.
4. Delivery Time:
 - a. On Time as per contract agreement.
 - b. _____ Days early as per contract agreement.
 - c. _____ Days late as per contract agreement.
5. Installation, Training & Commissioning completed

Transit Store	Inspection by	Sign of Concerned Dir/Office	To be filled by User/Inspector		
P No/ Name Designation	P No/ Name Designation	P No/ Name Designation	Delivery	Complete	Partial
Dated _____ 2021	Dated _____ 2021	Dated _____ 2021	Quantity Confirmed	Yes	No
Signature _____	Signature _____	Signature _____ Stamp _____	Quality Confirmed	Yes	No
			Damages	Yes	No
			Calibration Required	Yes	No