

MAULANA AZAD MEDICAL COLLEGE

DEPARTMENT OF _____

INSTALLATION CERTIFICATE

Certified that the machine/equipment named _____

_____ make _____ model _____

(Country of origin with Principals address _____

_____ Indian Authorized agent M/s. _____

_____ bearing S.No. _____

was Purchased vide A/T No./Supply Order No. _____

dated _____ and received by the departmental Indent Voucher No. _____

Dated _____ has been entered on NCA Page No. _____ and Installed

by Mr. _____ S/E of M/s _____

_____ in the department

of _____, Maulana Azad Medical College, New Delhi on

dated _____. Since then it is continuously in possession of this of this department and

Smt./Shri/Dr. _____ is the in-charge /

operator of this machine /equipment. Total value of A/T _____

(_____).

Signature

Signature

Signature

Name of the
Store Keeper
Of the Deptt.

Name of the
Office in charge
(Seal)

Name of the
Head of the Deptt.
(Seal)

Date: _____

Place: _____