



भारतीय विज्ञान शिक्षा एवं अनुसंधान संस्थान भोपाल  
**Indian Institute of Science Education and Research Bhopal**

**Request for Delivery Period Extension**

**Date:**

1.	Purchase Order No.		2.	Date	
3.	Name of Supplier		4.	Payment Term	
5.	Delivery time/date of delivery as per Purchase Order		6.	Number of weeks / days delivery period to be extended	
7.	Reasons for delivery Period Extension				

Signature	Indenter	HOD
Name		
<b>For the use of Stores and Purchase only</b>		
Verified	Recommended	Approved
Superintendent	I/C Stores & Purchase	CFA/Director

