



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

Date / /20

Satisfactory Service Report Cum Payment Recommendation

Name of Indenter :

Indent No. :

Service Description :

Work Order No. :

Service Provider /Supplier Name :

Date / Period of Service :

This is to certify that spares supplied / service is provided as per the requirements, specification and Terms & Conditions given in Work Order. Service for the period mentioned above is found to be satisfactory.

Recommended to release the payment (Balance / Full) as per the terms to
M/S _____
against the Bill No. _____ dt. / /20

**Signatures of the
Head of the Department**

Office seal with
Date

Signature of the indenter

Office seal