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| LIST OF **EQUIPMENTS** INTENDED TO BE PURCHASED FOR THE YEAR **202\_ - 202\_** | | | | | | |
| Name of the Department / Division / Section : | | | | | | |
| **Sl.**  **No.** | **Name of the Equipment** | **Number** | **Approximate Cost** | **Revenue Generation From Patient Bill** | **Requirement Of Manpower/Space/AC Etc.** | **Any Other Special Requirement** |
| 1. |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |
| Date: Signature of the HOD | | | | | | |

(Please submit this filled form to Medical Superintendent Office on or before 25.05.2015)