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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** |
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| Date: Signature of the HOD |

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