

**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.						

Date:

Signature of the HOD

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