Main Store III/SV/SCTIMST/………………………. Date: .................................

**STOCK VERIFICATION CERTIFICATE**

Certified that I/We, the persons nominated for stock verification have carried out the Annual Physical Stock Verification of the Department ................................................................................. Department Code: ............................... for the period …………………………… on ...................................... by checking, tallying the ground balance of all items, stock registers of the department and Master departmental Register (Received from Main Store).

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl. No.** | **SURPLUS ITEMS (DESCRIPTION)** | **Sl. No.** | **DEFICIT ITEMS (INCLUDE STOCK NO.)** |
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*(If required additional sheet should be attached)*

Other findings:

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|  |

Remarks of the representative of stock custodian Department/Division/Section and HOD

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| --- |
|  |

Details of items held idle/unserviceable/unusable:

(To be filled by user with supporting documents from DCE)

|  |  |  |
| --- | --- | --- |
| **Sl. No.** | **Idle Item** | **Remarks** |
|  |  |  |
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| --- | --- | --- |
| **Sl. No.** | **Unserviceable/unusable** | **Remarks** |
|  |  |  |
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| --- | --- | --- |
|  | **Representative of stock custodian** | **Head of the Department** |
| Name |  |  |
| Signature |  |  |

|  |  |  |
| --- | --- | --- |
| **Stock Verifying Personnel** | | |
|  | **Verifying Officer** | **Asst. Verifying Officer** |
| Name |  |  |
| Signature |  |  |