

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.)

*(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

Sl. No.	Unserviceable/unusable	Remarks

	<b>Representative of stock custodian</b>	<b>Head of the Department</b>
Name		
Signature		

Stock Verifying Personnel		
	<b>Verifying Officer</b>	<b>Asst. Verifying Officer</b>
Name		
Signature		