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ZORAM MEDICAL COLLEGE
(An Autonomous Institute under the Government of Mizoram)
FALKAWN - 796005

No.D.15017/1/2022 /ZMC-GEN

:

Dated Falkawn, the 22nd January, 2024

OFFICE ORDER

This is to inform all HoDs/Section Officers/Ward-in-Charge/Staff that indenting of stationery items is to be done strictly through the **Inventory Management System (online)**. However, list of items required must be filled up manually and submitted in the '**Stationery Indent Form**' form duly signed and sealed by the respective HoDs/Section Officers/Ward-in-Charge/Staff, etc. for approval with immediate effect.

Enclo: Stationery Indent Form

(Dr. JANE R. RALTE)
Registrar
Zoram Medical College
Falkawn, Mizoram

Memo No.D.15017/1/2022/ZMC-GEN

:

Dated Falkawn the 22nd January, 2024

Copy to:-

1. P.A. to Director, ZMC, Falkawn.
2. Registrar, ZMC, Falkawn.
3. Dean, ZMC, Falkawn.
4. The Medical Superintendent, ZMC-SRH, Falkawn.
5. All HoDs / Section Officers / Ward-in-Charge. etc. for information and to circulate within their department / section.
- ✓ 6. Web Manager for uploading in the official website.
7. Guard File.

(Dr. JANE R. RALTE)
Registrar
Zoram Medical College
Falkawn, Mizoram

STATIONERY INDENTS FORM

Name of Department / Section / Wards: _____

Indent Reference No : _____ Date: _____

Sl. No	Name of Items	Indent Quantity	Approved Quantity
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			

NOTE:

1. All Stationery indent is to be done online through the Inventory Management System which can be accessed online (<https://inventory.mizoram.gov.in/>) and also on the stationary indent form **(Copy attached)**.
2. Stationary indent form are to sealed and signed by the concerned officer / officer in charge before submission of the stationary indent.
3. As and when the indent application is approved, the indent form will be returned to the concerned officer in charge for maintained of the list of items dispatch do their department / section.

(_____)

Issuing Authority

(_____)

Name, Seal & Signature