



# MAR DIOSCORUS COLLEGE OF PHARMACY ALATHARA SREEKARYAM

## STATIONARY STORE

### FORM FOR STATIONARY STORE

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1. NAME :

2. DESIGNATION:

3. YEAR/SEM {FOR STUDENTS} :

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4. DATE OF REQUEST :

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5. ITEMS REQUIRED

A4 PAPER

PEN

PENCL

NOTEBOO

K

GRAPH

PAPER MASK

GLOVES

CAP

BOTTL

E

Other: \_\_\_\_\_

6. QUANTITY REQUIRED

\_\_\_\_\_

7. PURPOSE

\_\_\_\_\_

8. SUGGESTION TO IMPROVE THE STORE :

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