



### INDENT FORM

FACILITY NAME: \_\_\_\_\_  
 DATE PREPARED: \_\_\_\_\_  
 REPORTING PERIOD FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
(DD/MM/YY) (DD/MM/YY)

DISTRICT: \_\_\_\_\_  
 REFERENCE NO.: \_\_\_\_\_

MAXIMUM MONTHS OF STOCK LEVEL: \_\_\_\_\_  
 MINIMUM MONTHS OF STOCK LEVEL: \_\_\_\_\_

S. NO.	PRODUCT	UNIT OF MEASURE	OPENING BALANCE FOR REPORTING PERIOD	QUANTITY RECEIVED DURING REPORTING PERIOD	QUANTITY CONSUMED/ISSUE/DISPENSED DURING REPORTING PERIOD	PHYSICAL COUNT	LOSSES AND ADJUSTMENTS		CLOSING BALANCE/STOCK ON HAND	DAYS OUT OF STOCK	AVERAGE MONTHLY CONSUMPTION (AMC) FOR LAST 3 MONTHS	MAX MOS QUANTITY	QUANTITY ON ORDER	QUANTITY REQUESTED	REMARKS
							NEGATIVE	POSITIVE							
							-	+							
A	B	C	D	E	F	G= A+B-C -E+F	H	I	J= I*MAX MOS	K	L= J-G-K				

INDENT PREPARED BY: \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(FULL NAME, DESIGNATION)

INDENT

INDENT APPROVED BY: \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(FULL NAME, DESIGNATION)

## Issues and Receive (IR) Form

FROM FACILITY NAME/ADDRESS: \_\_\_\_\_ DISTRICT: \_\_\_\_\_

TO FACILITY NAME/ADDRESS: \_\_\_\_\_ FORM NO: \_\_\_\_\_  
(pre-printed number)

DATE FORM PREPARED: \_\_\_\_\_ CONTACT DETAILS

(MONTH, DATE, YEAR)

S. No.	Product	UoM*	Indent Quantity (Ref No.)	Batch No.	Expiry Date	Issue Quantity	No. Boxes	Received Quantity	Remarks
1									
2									
3									
4									
5									
6									

Issues by: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(FULL NAME, DESIGNATION)

Transported by: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(FULL NAME, DESIGNATION)

Received by: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(FULL NAME, DESIGNATION)

- Unit of Measure



**STOCK REGISTER**

PRODUCT: \_\_\_\_\_  
 (PRODUCT NAME, DOSAGE FORM, STARTING)

PRODUCT CODE: \_\_\_\_\_

UNIT OF MEASURE: \_\_\_\_\_

MAXIMUM MONTHS OF STOCK LEVEL: _____
MINIMUM MONTH OF STOCK LEVEL: _____

S.NO.	TRANSACTION DATE (DD/MM/YY)	RECEIVED FROM/ ISSUED TO	INDENT & RECEIPT FORM REF. NO. (IR/STN)	BATCH NO.	EXPIRY DATE (MM/YY)	QUANTITY RECEIVED (+)	QUANTITY ISSUED (-)	LOSS OR ADJUSTMENT (+ OR -)	BALANCE	REMARKS	NAME/SIGNATURE
<i>BALANCE BROUGHT FORWARD</i>											
<i>BALANCE CARRIED FORWARD</i>											



## Return, Transfer and Discard (RTD) Form

FROM FACILITY  
NAME: \_\_\_\_\_

DISTRICT: \_\_\_\_\_

TO FACILITY  
NAME: \_\_\_\_\_

FORM NO: \_\_\_\_\_  
(pre-printed number)

DATE FORM  
PREPARED: \_\_\_\_\_

(MONTH, DATE, YEAR)

S. No.	Product	Unit of Measure	Batch No.	Quantity	Expiry Date	IR Form Reference No.	Reason for Transfer/Discard
1							
2							
3							
4							
5							
6							

Return/Transfer/  
Discard Prepared by: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(FULL NAME, DESIGNATION)

Return/Transfer/  
Discard Approved by: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(FULL NAME, DESIGNATION)

Return/Transfer/  
Discard Accepted by: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(FULL NAME, DESIGNATION)

### GOODS RECEIPT NOTE (GRN)

INDENT NO.	GRN NO.	GRN DATE

DOCUMENTATION DELIVERED WITH GOODS		DETAILS
	Waybill No. (AWB No.) / Docket No.	
	Supplier Tax Invoice No.	
	Supplier Packing List	
	(Other)	
DESCRIPTION OF INDENT STATUS		DETAILS
	Complete Order	
	Part shipment with the balance pending	
	Final shipment completing the Order	
	Part shipment with balance from PO cancelled	

PLEASE COMPLETE ONE GRN PER DELIVERY							
Line No.	Item Code	Item Description	UoM	Qty. on PO/NOA	Qty. Received	Discrepancy	Comments (damaged/ Incorrect items)
1.							
2.							
3.							
4.							
5.							

**SUPPLIER**

Name: \_\_\_\_\_  
 Company/Organization: \_\_\_\_\_  
 Position: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Transport Details: \_\_\_\_\_  
 Signature: \_\_\_\_\_

**STAFF RECEIVING GOODS**

Name: \_\_\_\_\_  
 Company/Organization: \_\_\_\_\_  
 Position: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Transport Details: \_\_\_\_\_  
 Signature: \_\_\_\_\_



### Monthly Stock Report (MSP)

FACILITY NAME: \_\_\_\_\_

SACS: \_\_\_\_\_

DATE PREPARED: \_\_\_\_\_

REFERENCE NO.: \_\_\_\_\_

REPORTING PERIOD FROM \_\_\_\_\_ TO \_\_\_\_\_  
(DD/MM/YY) (DD/MM/YY)

MAXIMUM MONTHS OF STOCK LEVEL: \_\_\_\_\_

MINIMUM MONTHS OF STOCK LEVEL: \_\_\_\_\_

S. No.	Products/ Commodities	Unit of Measure	Batch Number	Expiry Date	Manufacturer	Initial stock	Receiving	Issue	Transfer	" Losses and Adjustment		Stock on Hand at SACS and Regional Level	Stock on Hand at Facilities level	Final Stock on Hand (SOH)
										Negative -	Positive +			
						A	B	C	D	E	F	G = A + B - C - D - E + F	H	I = G + H

Report Prepared by: \_\_\_\_\_  
(FULL NAME, DESIGNATION)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Report

Report Approved by: \_\_\_\_\_  
(FULL NAME, DESIGNATION)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_