རྒྱལ་ཡོངས་རྒྱང་སྨན་ཀློག
རྒྱལ་ཡོངས་རྒྱང་སྨན་འགྲས་ཀོག་ཀློག ཐིམ་ཕུ་ངུན་གྲྭ།
NATIONAL TRADITIONAL MEDICINE HOSPITAL
NATIONAL CENTRE FOR TRADITIONAL MEDICINE SERVICES
MINISTRY OF HEALTH, THIMPHU: BHUTAN

NTMH PROPERTY REQUISITION FORM (PMM-1-2016)

Date:

Form No.: NTMH/ADMIN-07

To
The Medical Superintendent
NTMH, MoH, Thimphu

Kindly arrange to supply the following items (Office equipment, Stationery, Furniture, etc.) for official use as per the following details.

Sl/No	Item Description	Specification	Quantity	Purpose

Requisitioned by:

Name…….. Designation…… Signature ……..

Recommendation and Remarks from HoD:

……..

Recommendation from Procurement Assistant/ADMO:

……..

Approved by Medical Superintendent

Remarks (if any)

Designation……..Signature …….. Date ……