



GFATM ROUND 9 INTENSIFIED MALARIA CONTROL PROJECT—II (IMCP-II)

Indent Form Number				Name of District			
Name of Block				Name of PHCs			
Name of Health Products/ Pharmaceuticals indented for		Opening balance	Quantity required	Quantity received	Batch Number	Date of expiry	Total stock in hand at end of month
Signature of CC				Signature of FS/ DPO			
Date				Date			