

**Sri Guru Gobind Singh College of Commerce**  
**Inspection Certificate**  
**GEM**

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

S.No: \_\_\_\_\_  
(to be filled by Account section)

Items received: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Delivery Date : \_\_\_\_\_

Invoice received: (Yes/No)  
Status: Accepted / Rejected

Reason: (if rejected)

<b>S.No</b>	<b>Item Name</b>	<b>Reason</b> (with Damorage cost if any)

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

Name : \_\_\_\_\_

Department: \_\_\_\_\_