


**OFFICE OF THE JS & CAO**  
**(Defence Headquarters Training Institute)**

**Sub: WORKSHOP ON INVENTORY MANAGEMENT**  
**(16 JUL 2021)**

1. Defence Headquarters Training Institute (DHTI) will be organizing a one day workshop on Inventory Management on **16 JUL 2021** in its premises at Room No.185-A, 'B' Block. The course is of full day duration from 0930 hrs to 1700 hrs.
2. **Eligibility:** The workshop is meant for all AFHQ Officials and Service Personnel working in various service HQs/ISOs. The course capacity is **12**. Applicant should preferably be below **58** years of age.
3. **Aim of the course:** The aim of the course is to equip the participants with knowledge and skills relating to Inventory Management.
4. **Objectives:**
  - (a) To state various steps involved in Inventory management.
  - (b) To describe duties and responsibility of officer-in-charge of stores and other staff with regards to inventory management.
  - (c) To explain regularity provisions of Inventory managements.
  - (d) To define lists and accounts to be kept for inventory management.
  - (e) To appreciate need and methods of verification of assets.
  - (f) To learn procedure for verification of Inventory.
  - (g) To explain methods of disposal of various categories of Goods.
5. The applications of officers desirous of undergoing the workshop may be forwarded in proforma at Appendix 'A' to this note, duly recommended by **09 Jul 2021 (Monday)**. Selection of the candidates will be based on first come, first serve basis.

  
(Satish Kumar Tegta)  
Asstt. Director, DHTI  
Tele: 23792437

**AS PER STANDARD DISTRIBUTION LIST**

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✓ **CAO/EDP Cell:** For uploading on CAO's website.

MoD, JS & CAO, I.D. No.A/26002/112/CAO/Trg dt. 18 Jun 2021



**WORKSHOP ON INVENTORY MANAGEMENT**  
**(16 JUL 2021)**

**APPLICATION PROFORMA**

1. Name (In English) :
- (In Devnagri Script) :
2. Employment ID No./Service No. :
3. Date of Birth :
4. Designation :
5. Nature of Duties being performed at :  
present clearly bringing out involvement.
6. Complete Office Address :  
(including Directorate, Room No.,  
Block No. etc)
7. Telephone No. :

**(Signature of the Applicant)**

**RECOMMENDATION OF THE OFFICER UNDER WHOM WORKING**

File No. .... dt.....

Certified that in the event of selection of, Shri/Smt/Kum  
\_\_\_\_\_ for the above  
mentioned course, he/she will be relieved by this office to attend the course.

CAO/DHTI, 185-A, B-Block

Signature :  
Name & Designation :  
Office & Tele No. :