

Asset Register Form for Physical Verification

Section 1: Basic Information

Department:

Building/Location:

Date of Verification:

Verified By:

Designation:

Contact No.:

Section 2: Asset Details

| S/N | Asset Description | Asset Code/Tag No. | Make/Model | Serial No. | Date of Purchase | Present Condition | Remarks |
|-----|-------------------|--------------------|------------|------------|------------------|-------------------|---------|
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Verified By
(Signature & Date)

Head of Department/Section
(Signature & Date)

Remarks by Audit (if any)

- Please fill the form in legible handwriting or use a typed format where possible.
- All assets must be physically verified against their asset codes and details.
- Any discrepancies or missing assets should be clearly mentioned in the Remarks column.
- The verification must be signed and dated by the verifier and Head of Department.
- Retain a copy of this form for departmental records and submit to the audit/finance office.