

# Department-Wise Asset Verification Format

## Department Information

Department Name: \_\_\_\_\_  
Location / Office: \_\_\_\_\_  
Verification Period: \_\_\_\_\_  
Verified By: \_\_\_\_\_  
Date of Verification: \_\_\_\_\_

## Asset Details

S. No.	Asset Description	Asset ID / Tag No.	Quantity	Condition	Location	Remarks
1	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____

## Verification Summary

Total Assets Verified: \_\_\_\_\_  
Discrepancies Found: \_\_\_\_\_  
Corrective Actions: \_\_\_\_\_

## Signatures

Verified By: \_\_\_\_\_ Date: \_\_\_\_\_  
Department Head: \_\_\_\_\_ Date: \_\_\_\_\_

## Important Notes

- Ensure all asset details are accurately entered and physically verified during the process.
- Discrepancies found should be promptly recorded and reported to the concerned authority.
- The verification form should be signed by both the verifier and the department head.
- Retain a copy of the completed format for department records and audit purposes.
- Follow organizational policies and timelines for asset verification.