

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.