

CHAUDHARY SARWAN KUMAR HIMACHAL PRADESH KRISHI VISHVAIDYALAYA, PALAMPUR

(See Rule 6.24 Part-I of the Account Manual)

Medical Charges-Reimbursement bill for the month of 20

Name of Scheme

Head of Service

Other Allowances & Honorarium (Medical charges)

S.No.	Name & Designation	Section/Office	Amount admissible		Deduction if any		Net amount payable		Remarks	Acquittance
			Rs.	P.	Rs.	P.	Rs.	P.		

Pay Rs.

Rupees (in words)

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Supdt./

Asstt. Registrar

Voucher No.....

Paid vide Cheque No.Dated.....

Classified.....

Assistant

Net amount payable (in words) Rs.....

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(Signature of D. D. O with office seal)