INDIAN COUNCIL OF MEDICAL RESEARCH
NATIONAL INSTITUTE OF NUTRITION

आई सी एम आर - राष्ट्रीय पोषण संस्थान
स्वास््य अनुसंधान ववभाग, स्वास््य और पररवार कल्याण मंत्रालय, भारत सरकार
ICMR – National Institute of Nutrition
Department of Health Research, Ministry of Health and Family Welfare, Government of India

CONTINGENT ADVANCE ADJUSTMENT BILL FORM

Budget: NIN (including Intramural Project) **/ Extramural Project** : _____

_____

(write name of the NIN-Intramural Project Or Extramural Project)

Detailed statement of expenditure for the advance of Rs. _____ (Rupees: _____)

Shri/Smt/Kum/Dr._____on **(dd/mm/yy)**_____

Out of the advance granted, an expenditure of Rs._____ (Rupees: _____ _____had been incurred as follows:

Sl.No.	Details of Sub-vouchers	Amount (Rs.Ps)	
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
	Total Rs.		

Note:
1. Original bills to be attached duly countersigned by the official **with date**
2. Certified that all the articles detailed in the bills /vouchers are retained / issued to the concerned staff members & have been accounted for in the Stock Register in my office.
3. Items purchased through indents have been entered in stock register at Stores Department.

Signature of the official
who has taken advance **with date**

Signature of the PI/HoD/
Controlling Officer **with date**

Contd...2/-

(For office use only)

1. The enclosed bills have been checked and the balance of Rs. _____ (Rupees: _____) had been refunded by the enduser by cash/Cheque vide Receipt No. _____dated _____.

2. The enclosed bills have been checked and excess expenditure to the extent of Rs._____ (Rupees: _____) incurred over & above to be payable to the enduser i.e., _____.

The Director & competent authority may accord sanction to meet the expenditure during this current financial year _____.

S.O.(C.Bills) DDO

ACO/Sr. ACO SAO/HoO

Director

जमाई ोोसमनिआ प। ोो।/ Jamai Osmania P.O.
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