

आई सी एम आर - राष्ट्रीय पोषण संस्थान स्वास्थ्य अनुसंधान विभाग, स्वास्थ्य और परिवार 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) Rs. _____ Detailed statement expenditure for the advance of (Rupees: _____ Shri/Smt/Kum/Dr._____on **(dd/mm/yy**)_____ Out of the advance granted, an expenditure of Rs._____ (Rupees: _____ had been incurred as follows: Amount (Rs.Ps) SI.No. Details of Sub-vouchers 1 2 3 4 5 6 7 8 9 10 11 12 13 14

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**

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

Total Rs.

(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)
ACO SAO/HoO
Director