

**PROFORMA I – RECEIPT BILL**

**BILL FOR CONTINGENT ADVANCE (ACCOUNTS BRANCH)**

Received a sum of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_)  
\_\_\_\_\_ from the Accounts Officer, National Institute  
of Health and Family Welfare on account of contingent advance for \_\_\_\_\_  
\_\_\_\_\_.

1. Certified that **no previous advance is outstanding** for adjustment.
2. The material is ready for purchase and the **account of the advance will be submitted with in 15 days** from the date of drawal of advance.
3. The sanction of the competent authority is attached herewith in original.

Signature \_\_\_\_\_

Name \_\_\_\_\_

Designation \_\_\_\_\_

Place : New Delhi

Date \_\_\_\_\_

Passed for payment of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_)  
\_\_\_\_\_

Accounts Officer,  
National Institute of Health and Family Welfare  
New Delhi – 110 067