



UNIVERSITY COLLEGE OF MEDICAL SCIENCES  
DILSHAD GARDEN, DELHI-110 095

**BILL FOR ADVANCE**

1. Amount of Advance Sanctioned : .....
2. Budget Head  
(Enclose copy of the Sanction) : .....
3. Purpose of Advance : .....  
.....  
.....
4. Progressive Total of Advance Taken : .....
5. By when Advance is likely to be settled : .....
6. Cheque to be drawn in favour of : .....  
.....

Date. ....

HOD/D.R./A.R./S.O./IN-CHARGE  
(with office seal)

**For use of Finance Section only:**

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

Payable to \_\_\_\_\_

Out of Budget Head/Account \_\_\_\_\_

Date. ....

S.O.(Fin.)

A.R.(Fin.)

I.A.O.

D.R.

PRINCIPAL

Paid vide Cheque No./.....Dated.....

PRINCIPAL