

A.F. No. 4

A.F. No. 4

PART II**PART II****ADJUSTMENT CHALAN FORM****ADJUSTMENT CHALAN FORM**

Chalan No.

Date.....

Chalan No.

Date.....

(TO BE RETAINED IN THE AUDIT AND ACCOUNT

(TO BE RETAINED IN THE AUDIT AND
ACCOUNT

By whom tendered	Budget Head of Account with Particulars	Amount		Re mar ks
		Rs	P	
Pan No.				
Total in (words) Rupees				

OFFICER)

OFFICER)

Dept. No.....

Date.....

Dept. No.....

Date.....

Department School of Biomedical Engg. IIT (BHU)

Department School of Biomedical Engg. IIT (BHU)

Adjusted as per Dra. V. No.....dated.....

Adjusted as per Dra. V.

No.....dated.....

Of

Of

.....Department.

.....Department.

Account**Account****Please refer [PDF](#)**