A.F. No. 4

PART II

ADJUSTMENT CHALAN FORM

Chalan No. …… Date……

(TO BE RETAINED IN THE AUDIT AND ACCOUNT

OFFICER)

Dept. No…… Date……

Department School of Biomedical Engg. IIT (BHU)

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

Of

……Department.

Account

A.F. No. 4

PART II

ADJUSTMENT CHALAN FORM

Chalan No. …… Date……

(TO BE RETAINED IN THE AUDIT AND ACCOUNT

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

OFFICER)

Dept. No…… Date……

Department School of Biomedical Engg. IIT (BHU)

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

Of

……Department.

Account

Please refer PDF