

# Rajendra Institute of Medical Sciences

RIMS, Ranchi - 834009

## FORMAT FOR TEMPORARY ADVANCE

1. Name of the Applicant :.....
2. Designation :.....
3. Purpose for taking Advance :.....
4. Amount of Advance applied for :.....
5. Name of the Recommending Authority (HOD):.....
6. Recommended amount by (HOD) :.....

Signature of Recommending Authority  
with rubber stamp

Signature of Applicant  
Date:.....

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## FOR OFFICE WORK

1. Amount of Advance outstanding in the name of applicant in Rs.

HEAD WISE:	FUND
1. T.A./D.A. ....	A sum of Rs.....
2. Dietary Items/Stationery .....	(Rs.....
3. Office Contingency .....	..... ) only
4. Motor Vehicle .....	sanctioned for payment.
5. Medicine/Eqpt. ....	
6. Others .....	

Cashier

Account

Accounts Officer

Director

Received payment of Rs.....(Rs.....

.....) Voucher with balance amount of Advance will be submitted

/ deposited in a week.

Signature