



Sri Manakula Vinayagar Medical College & Hospital

Kalitheerthalkuppam, Puducherry - 605 107.

CASH PAYMENT VOUCHER

C.P.V. No. : _____

Date : 25.4.22

Sl. No.	Particulars of Expenditure	Amount		Amount	
		Rs.	P.	Rs.	P.
1.	Dr. A/c Remuneration paid to doctor	4500	✓		
2.	Dr. A/c				
3.	Dr. A/c				
4.	Dr. A/c				
5.	Dr. A/c				
1.	Cr. A/c Cash			4500	✓
2.	Cr. A/c				
Total		4500/-		4500	

Paid to Dr. Yuvrajani S, Respiratory Medicine by cash

Rs. 4500 /= (Rupees Four thousand five hundred only)

Paid towards : NAPLON 2021, Varanasi

 Prepared by / Verified by Acctt. / Manager / SAO / Registrar / V.C / CMD	Paid on Cashier	Received Payment Receiver's Signature
	TRUE COPY ATTESTED	

DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHALKUPPAM,
MADAGADIPET, PUDUCHERRY-605 107.



Sri Manakula Vinayagar Medical College & Hospital

Kalitheerthalkuppam, Puducherry - 605 107.

CASH PAYMENT VOUCHER

C.P.V. No. : _____

Date : _____

Sl. No.	Particulars of Expenditure	Amount		Amount	
		Rs.	P.	Rs.	P.
1.	Dr. A/c Remuneration paid to doctor	3000/-	✓		
2.	Dr. A/c				
3.	Dr. A/c				
4.	Dr. A/c				
5.	Dr. A/c				
1.	Cr. A/c Cash			3000/-	✓
2.	Cr. A/c				
Total		3000/-		3000/-	

Paid to Dr. Yurrajani's, Respiratory medicine by cash

Rs. 3000/- (= Rupees Three thousand only) only

Paid towards : Pulmonary Manipulations of connective tissue disease
A.I.M.S Jodhpur

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[Signature] *[Signature]*
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Cashier

Received Payment
[Signature]
Receiver's Signature

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Sri Manakula Vinayagar Medical College & Hospital

Kalitheerthalkuppam, Puducherry - 605 107.

CASH PAYMENT VOUCHER

C.P.V. No. : _____

Date : 20.5.21

Sl. No.	Particulars of Expenditure	Amount Rs.	P.	Amount Rs.	P.
1.	Dr. A/c Remuneration paid to doctor	5000/-			
2.	Dr. A/c				
3.	Dr. A/c				
4.	Dr. A/c				
5.	Dr. A/c				
1.	Cr. A/c Cash			5000/-	
2.	Cr. A/c				
Total		5000/-		5000/-	

Paid to Dr. Bhagwati, Ophthalmologist by cash

Rs. 5000 /- (Rupees Five thousand only only)

Paid towards : All India ophthalmological conference, Mumbai

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Sri Manakula Vinayagar Medical College & Hospital

Kalitheerthalkuppam, Puducherry - 605 107.

CASH PAYMENT VOUCHER

C.P.V. No. : _____

Date : 19.5.22

Sl. No.	Particulars of Expenditure	Amount		Amount	
		Rs.	P.	Rs.	P.
1.	Dr. A/c <i>Remuneration paid to doctor</i>	<i>2500/-</i>			
2.	Dr. A/c				
3.	Dr. A/c				
4.	Dr. A/c				
5.	Dr. A/c				
1.	Cr. A/c <i>Cash</i>			<i>2500/-</i>	
2.	Cr. A/c				
Total		<i>2500/-</i>		<i>2500/-</i>	

Paid to *Dr. Vishnurajya* by cash
Rs. *2500* /= (Rupees *Two thousand five hundred* only)
Paid towards : *Vacc. quiz - SRM.*

<i>[Signature]</i> Prepared by / Verified by Acctt. / Manager / SAO / Registrar / V.C / CMD	Paid on <i>[Signature]</i> Cashier	Received Payment <i>Vishnurajya</i> Receiver's Signature
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SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHAL KUPPAM,
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Sri Manakula Vinayagar Medical College & Hospital

Kalitheerthalkuppam, Puducherry - 605 107.

CASH PAYMENT VOUCHER

C.P.V. No. : _____

Date : 19.5.22

Sl. No.	Particulars of Expenditure	Amount Rs.	P.	Amount Rs.	P.
1.	Dr. A/c Remuneration paid to doctor	2500/-	✓		
2.	Dr. A/c				
3.	Dr. A/c				
4.	Dr. A/c				
5.	Dr. A/c				
1.	Cr. A/c Cash			2500/-	✓
2.	Cr. A/c				
Total		2500/-		2500/-	

Paid to Dr. Shobana.S by cash

Rs. 2500 /= (Rupees Two thousand five hundred only)

Paid towards : Vaccines - SRM

Prepared by / Verified by Acctt. / Manager / SAO / Registrar / VC / CMD
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TRUE COPY ATTESTED

Paid on
[Signature]
Cashier

Received Payment
[Signature]
Receiver's Signature



Sri Manakula Vinayagar Medical College & Hospital

Kalitheerthalkuppam, Puducherry - 605 107.

CASH PAYMENT VOUCHER

C.P.V. No. : _____

Date : 24.5.22

Sl. No.	Particulars of Expenditure	Amount		Amount	
		Rs.	P.	Rs.	P.
1.	Dr. A/c <u>Remuneration paid to doctor</u>	<u>4000/-</u>			
2.	Dr. A/c				
3.	Dr. A/c				
4.	Dr. A/c				
5.	Dr. A/c				
1.	Cr. A/c <u>Cash</u>			<u>4000/-</u>	
2.	Cr. A/c				
Total		<u>4000/-</u>		<u>4000/-</u>	

Paid to Dr. Kiruba Shankar by cash

Rs. 4000 /= (Rupees Four Thousand only)

Paid towards : Aster International emergency medicine

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Sri Manakula Vinayagar Medical College & Hospital

Kalitheerthalkuppam, Puducherry - 605 107.

CASH PAYMENT VOUCHER

C.P.V. No. : _____

Date : _____

Sl. No.	Particulars of Expenditure	Amount Rs.	P.	Amount Rs.	P.
1.	Dr. A/c <i>Remuneration paid to doctor.</i>	3000/-	00		
2.	Dr. A/c				
3.	Dr. A/c				
4.	Dr. A/c				
5.	Dr. A/c				
1.	Cr. A/c <i>Cash</i>			3000/-	
2.	Cr. A/c				
Total		3000/-	00	3000/-	00

Paid to *Dr. Priyadashini P* by cash

Rs. *3000* /- (Rupees *three thousand only*) only)

Paid towards : *Laparoscopic simulation Training*

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Paid on
[Signature]
Cashier

Received Payment
[Signature]
Receiver's Signature

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MADAGADIPET, PUDUCHERRY-605 107.



Sri Manakula Vinayagar Medical College & Hospital

Kalitheerthalkuppam, Puducherry - 605 107.

CASH PAYMENT VOUCHER

C.P.V. No. : _____

Date : 15.2.22

Sl. No.	Particulars of Expenditure	Amount Rs.	P.	Amount Rs.	P.
1.	Dr. A/c <i>Remuneration paid to doctor.</i>	<i>3000/-</i>	<i>00</i>		
2.	Dr. A/c				
3.	Dr. A/c				
4.	Dr. A/c				
5.	Dr. A/c				
1.	Cr. A/c <i>cash</i>			<i>3000/-</i>	<i>00</i>
2.	Cr. A/c				
Total		<i>3000/-</i>	<i>00</i>	<i>3000/-</i>	<i>00</i>

Paid to *Dr. Inparasi* by cash

Rs. *3000* /- (Rupees *three thousand only.* only)

Paid towards : *Laparoscopic simulation training.*

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			 Receiver's Signature

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Kalitheerthalkuppam, Puducherry - 605 107.

CASH PAYMENT VOUCHER

C.P.V. No. : _____

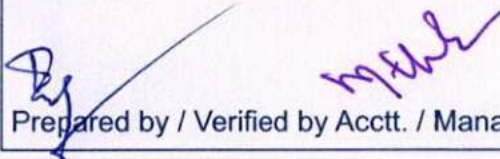


Date : _____

Sl. No.	Particulars of Expenditure	Amount Rs.	P.	Amount Rs.	P.
1.	Dr. A/c Remuneration paid to doctor.	1500/-	00		
2.	Dr. A/c				
3.	Dr. A/c				
4.	Dr. A/c				
5.	Dr. A/c				
1.	Cr. A/c cash			1500/-	00
2.	Cr. A/c				
Total		1500/-		1500/-	00

Paid to Dr. K. Naveenkumar by cash

Rs. 1500 /- (Rupees one thousand five hundred only only)

Paid towards : Mumbai Disc Disease - CME

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Sri Manakula Vinayagar Medical College & Hospital

Kalitheerthalkuppam, Puducherry - 605 107.

CASH PAYMENT VOUCHER

C.P.V. No. : _____

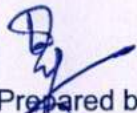
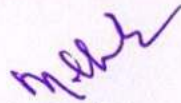
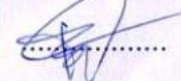

Date : 26.10.2020

Sl. No.	Particulars of Expenditure	Amount		Amount	
		Rs.	P.	Rs.	P.
1.	Dr. A/c Remuneration paid to doctor	1500	00		
2.	Dr. A/c				
3.	Dr. A/c				
4.	Dr. A/c				
5.	Dr. A/c				
1.	Cr. A/c Cash			1500	
2.	Cr. A/c				
Total		1500/-		1500/-	

Paid to Dr. Arun S Psychiatrist by cash

Rs. 1500 (= Rupees one thousand five hundred only)

Paid towards : TANPSY CON - 2020

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		 Cashier	 Receiver's Signature

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Sri Manakula Vinayagar Medical College & Hospital

Kalitheerthalkuppam, Puducherry - 605 107.

CASH PAYMENT VOUCHER

C.P.V. No. : _____

Date : 6.11.20

Sl. No.	Particulars of Expenditure	Amount Rs.	P.	Amount Rs.	P.
1.	Dr. A/c <i>Remuneration paid to doctor.</i>	3200/-	00		
2.	Dr. A/c				
3.	Dr. A/c				
4.	Dr. A/c				
5.	Dr. A/c				
1.	Cr. A/c <i>Cash</i>			3200/-	00
2.	Cr. A/c				
Total		3200/-	00	3200/-	00

Paid to *Dr. Renuga Devi, Ophthalmologist* by cash

Rs. *3200* (= Rupees *three thousand two hundred only* only)

Paid towards : *St. 2 alimus workshop*

 Prepared by / Verified by Acctt. / Manager / SAO / <i>M.M.H.</i>	 Paid on Cashier	 Received Payment Receiver's Signature
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Sri Manakula Vinayagar Medical College & Hospital

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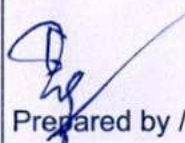
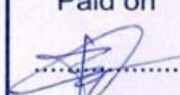
CASH PAYMENT VOUCHER

C.P.V. No. : _____

Date : 20.6.2020

Sl. No.	Particulars of Expenditure	Amount Rs.	P.	Amount Rs.	P.
1.	Dr. A/c <i>Remuneration paid to doctor.</i>	<i>3200</i>	<i>00</i>		
2.	Dr. A/c				
3.	Dr. A/c				
4.	Dr. A/c				
5.	Dr. A/c				
1.	Cr. A/c <i>Cash</i>			<i>3200</i>	<i>00</i>
2.	Cr. A/c				
Total		<i>3200</i>	<i>00</i>	<i>3200</i>	<i>00</i>

Paid to *Dr. Pragash* by cash
Rs. *3200* (= Rupees *three thousand two hundred only* only)
Paid towards : *9th Annual Conference of Pondicherry orthopaedic Association.*

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MEDICAL COLLEGE & HOSPITAL
KALITHEERTHAL KUPPAM,
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Sri Manakula Vinayagar Medical College & Hospital

Kalitheerthalkuppam, Puducherry - 605 107.

CASH PAYMENT VOUCHER

C.P.V. No. : _____

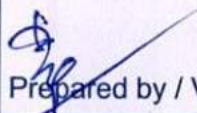
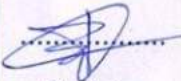

Date : 04.11.2020

Sl. No.	Particulars of Expenditure	Amount Rs.	P.	Amount Rs.	P.
1.	Dr. A/c <i>Remuneration paid to doctor</i>	<i>2000</i>	<i>00</i>		
2.	Dr. A/c				
3.	Dr. A/c				
4.	Dr. A/c				
5.	Dr. A/c				
1.	Cr. A/c <i>cash</i>			<i>2000/-</i>	<i>00</i>
2.	Cr. A/c				
Total		<i>2000/-</i>	<i>00</i>	<i>2000/-</i>	<i>00</i>

Paid to *Dr. Nishanthi A. Pharmacology* by cash

Rs. *2000* (= Rupees *two thousand only* only)

Paid towards : *C.M.E on Gramercy and applications -*

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		 Receiver's Signature	

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Sri Manakula Vinayagar Medical College & Hospital

Kalitheerthalkuppam, Puducherry - 605 107.

CASH PAYMENT VOUCHER

C.P.V. No. : _____

Date : 14.10.2020

Sl. No.	Particulars of Expenditure	Amount Rs.	P.	Amount Rs.	P.
1.	Dr. A/c <i>Remuneration paid to doctor</i>	<i>3000/-</i>	<i>00</i>		
2.	Dr. A/c				
3.	Dr. A/c				
4.	Dr. A/c				
5.	Dr. A/c				
1.	Cr. A/c <i>Cash</i>			<i>3000/-</i>	<i>00</i>
2.	Cr. A/c				
Total		<i>3000/-</i>	<i>00</i>	<i>3000/-</i>	<i>00</i>

Paid to *Dr. Noorul* by cash

Rs. *3000* (= Rupees *three thousand* only)

Paid towards : *E - PICSEP Workshop on Research Methodology*

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Sri Manakula Vinayagar Medical College & Hospital

Kalitheerthalkuppam, Puducherry - 605 107.

CASH PAYMENT VOUCHER

C.P.V. No. : _____

Date : 17.7.20

Sl. No.	Particulars of Expenditure	Amount Rs.	P.	Amount Rs.	P.
1.	Dr. A/c Remuneration paid to doctor.....	7000/-	00		
2.	Dr. A/c				
3.	Dr. A/c				
4.	Dr. A/c				
5.	Dr. A/c				
1.	Cr. A/c cash.....			7000/-	00
2.	Cr. A/c				
Total		7000/-	00	7000/-	00
Paid to Dr. Leena Mohan by cash					
Rs. 7000 /- (Rupees seven thousand only) only					
Paid towards : Loss to follow up of TB patients in DAPSMCON.					
Prepared by / Verified by Acctt. / Manager / SAO / Registrar / <i>M.H.K.</i>		Paid on <i>[Signature]</i> Cashier		Received Payment <i>[Signature]</i> Receiver's Signature	



Sri Manakula Vinayagar Medical College & Hospital

Kalitheerthalkuppam, Puducherry - 605 107.

CASH PAYMENT VOUCHER

C.P.V. No. : _____

Date : 3.2.21

Sl. No.	Particulars of Expenditure	Amount Rs.	P.	Amount Rs.	P.
1.	Dr. A/c ... remuneration ... paid to doctor.	2000/-	00		
2.	Dr. A/c				
3.	Dr. A/c				
4.	Dr. A/c				
5.	Dr. A/c				
1.	Cr. A/c cash			2000/-	00
2.	Cr. A/c				
Total		2000/-	00	2000/-	00

Paid to Dr: Rajalakshmi by cash

Rs. 2000 /- (Rupees two thousand only) only)

Paid towards : national conference in nutrition

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Sri Manakula Vinayagar Medical College & Hospital

Kalitheerthalkuppam, Puducherry - 605 107.

CASH PAYMENT VOUCHER

C.P.V. No. : _____

Date : 30.9.20

Sl. No.	Particulars of Expenditure	Amount		Amount	
		Rs.	P.	Rs.	P.
1.	Dr. A/c <i>Remuneration paid to doctor.</i>	1500/-	00		
2.	Dr. A/c				
3.	Dr. A/c				
4.	Dr. A/c				
5.	Dr. A/c				
1.	Cr. A/c <i>cash</i>			1500/-	00
2.	Cr. A/c				
Total		1500/-	00	1500/-	00

Paid to *Dr. N.A. Priyadharsini, OBG* by cash

Rs. *1500* (= Rupees *one thousand five hundred only* only)

Paid towards : *Adape Illustration*

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Sri Manakula Vinayagar Medical College & Hospital

Kalitheerthalkuppam, Puducherry - 605 107.

CASH PAYMENT VOUCHER

C.P.V. No. : _____

Date : 14.08.2019

Sl. No.	Particulars of Expenditure	Amount Rs.	P.	Amount Rs.	P.
1.	Dr. A/c <i>Remuneration paid to doctor</i>	<i>6000</i>	<i>00</i>		
2.	Dr. A/c				
3.	Dr. A/c				
4.	Dr. A/c				
5.	Dr. A/c				
1.	Cr. A/c <i>cash</i>			<i>6000/-</i>	<i>00</i>
2.	Cr. A/c				
Total		<i>6000/-</i>			

Paid to *Dr. G. Kalaiselvan* by cash

Rs. *6000* /- (Rupees *six thousand only* only)

Paid towards : *Advanced Research Methods* *with hands on*
training in statistical software.

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MADAGADIPEI, PUDUCHERRY-605 107.



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Kalitheerthalkuppam, Puducherry - 605 107.

CASH PAYMENT VOUCHER

C.P.V. No. : _____

Date : 29.12.2019

Sl. No.	Particulars of Expenditure	Amount Rs.	P.	Amount Rs.	P.
1.	Dr. A/c <i>Remuneration paid to doctor</i>	3000	00		
2.	Dr. A/c				
3.	Dr. A/c				
4.	Dr. A/c				
5.	Dr. A/c				
1.	Cr. A/c <i>cash</i>			3000	00
2.	Cr. A/c				
Total		3000	00		

Paid to *Dr. Revathi G* by cash

Rs. *3000* /- (Rupees *three thousand only* only)

Paid towards : *Annual Rapid Review Course SPARRC*

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CASH PAYMENT VOUCHER

C.P.V. No. : _____

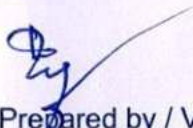


Date : 15.11.19

Sl. No.	Particulars of Expenditure	Amount Rs.	P.	Amount Rs.	P.
1.	Dr. A/c <i>Remuneration paid to doctor</i>	<i>3500</i>	<i>00</i>		
2.	Dr. A/c				
3.	Dr. A/c				
4.	Dr. A/c				
5.	Dr. A/c				
1.	Cr. A/c <i>cash</i>			<i>3500/-</i>	<i>00</i>
2.	Cr. A/c				
Total		<i>3500/-</i>	<i>00</i>	<i>3500/-</i>	<i>00</i>

Paid to *Dr. Suda. R* by cash

Rs. *3500* (= Rupees *three thousand five hundred only*, only)

Paid towards : *Guidelines for applying extramural Research grants a faculty development programme*

 Prepared by / Verified by Acctt. / Manager / SAO / Registrar / V.O / CMD	Paid on  Cashier	Received Payment  Receiver's Signature
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DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHALKUPPAM,
MADAGADIPET, PUDUCHERRY-605 107.



Sri Manakula Vinayagar Medical College & Hospital

Kalitheerthalkuppam, Puducherry - 605 107.

CASH PAYMENT VOUCHER

C.P.V. No. : _____

Date : 01.12.2019

Sl. No.	Particulars of Expenditure	Amount Rs.	P.	Amount Rs.	P.
1.	Dr. A/c <i>Remuneration paid to doctor</i>	3500	00		
2.	Dr. A/c				
3.	Dr. A/c				
4.	Dr. A/c				
5.	Dr. A/c				
1.	Cr. A/c <i>Cash</i>			3500/-	00
2.	Cr. A/c				
Total		3500/-	00	3500/-	00

Paid to *Dr. Suda. R.* by cash

Rs. *3500* /- (Rupees *three thousand five hundred only.* only)

Paid towards : *Skills in Scientific Writing*

 Prepared by / Verified by Acctt. / Manager / SAO / Registrar / V.C / CMD	Paid on Cashier	Received Payment Receiver's Signature
	TRUE COPY ATTESTED	

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SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHAL KUPPAM,
MADAGADIPET, PUDUCHERRY-605 107.



Sri Manakula Vinayagar Medical College & Hospital

Kalitheerthalkuppam, Puducherry - 605 107.

CASH PAYMENT VOUCHER

C.P.V. No. : _____

Date : 24.1.2020

Sl. No.	Particulars of Expenditure	Amount		Amount	
		Rs.	P.	Rs.	P.
1.	Dr. A/c <i>Remuneration paid to doctor</i>	1500	00		
2.	Dr. A/c				
3.	Dr. A/c				
4.	Dr. A/c				
5.	Dr. A/c				
1.	Cr. A/c <i>cash</i>			1500/-	
2.	Cr. A/c				
Total		1500/-		1500/-	

Paid to *Dr. Nitya* by cash

Rs. 1500 /- (Rupees *one thousand five hundred only.* only)

Paid towards : *Virtual CME - good clinical practice in Human Research.*

[Signature]
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Paid on
[Signature]
Cashier

Received Payment
[Signature]
Receiver's Signature

TRUE COPY ATTESTED

DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHALKUPPAM,
MADAGADIPET, PUDUCHERRY-605 107.



Sri Manakula Vinayagar Medical College & Hospital

Kalitheerthalkuppam, Puducherry - 605 107.

CASH PAYMENT VOUCHER

C.P.V. No. : _____

Date : 13/10/17

Sl. No.	Particulars of Expenditure	Amount		Amount	
		Rs.	P.	Rs.	P.
1.	Dr. A/c Remuneration Paid to Doctor	6500	00		
2.	Dr. A/c				
3.	Dr. A/c				
4.	Dr. A/c				
5.	Dr. A/c				
1.	Cr. A/c Cash			6500	00
2.	Cr. A/c				
Total		6500	00	6500	00

Paid to Dr. Deepika by cash
Rs. 6500 (= Rupees Six Thousand Five Hundred only)
Paid towards : Being the cash remuneration paid
for APTCON 2017

Done
13/10/17

VP-661
13/10/17

Prepared by / Verified by Acctt. / Manager / SAO / Register / V.C / CMD

Paid on

Cashier

Received Payment

Receiver's Signature



Sri Manakula Vinayagar Medical College & Hospital

Kalitheerthalkuppam, Puducherry - 605 107.

CASH PAYMENT VOUCHER

C.P.V. No. : _____

Date : 13/11/2017

Sl. No.	Particulars of Expenditure	Amount		Amount	
		Rs.	P.	Rs.	P.
1.	Dr. A/c Remuneration paid to Doctor.	5000	-		
2.	Dr. A/c				
3.	Dr. A/c				
4.	Dr. A/c				
5.	Dr. A/c				
1.	Cr. A/c Cash			5000	-
2.	Cr. A/c				
Total		5000	-	5000	-

Paid to Dr. Poornima - Associate Professor - OBG. by cash
 Rs. 5000/- (= Rupees Five Thousand Only) only)
 Paid towards : Being cash paid towards participated in Laparoscopy masterclass at Mumbai, 15th - 16th November 2017

Prepared by / Verified by Acctt. / Manager / SAO / Register / V.C / CMD

13/11/2017 13/11/17 13/11/2017

Paid on _____ Received Payment _____
 Cashier _____ Receiver's Signature _____



Sri Manakula Vinayagar Medical College & Hospital

Kalitheerthalkuppam, Puducherry - 605 107.

CASH PAYMENT VOUCHER

C.P.V. No. : _____

Date : 06/08/18

Sl. No.	Particulars of Expenditure	Amount		Amount	
		Rs.	P.	Rs.	P.
1.	Dr. A/c <i>Remuneration Paid to doctor</i>	5000	-		
2.	Dr. A/c				
3.	Dr. A/c				
4.	Dr. A/c				
5.	Dr. A/c				
1.	Cr. A/c <i>Cash</i>			5000	-
2.	Cr. A/c				
Total		5000	-	5000	-

Paid to *Dr. S. Balasubramanian, Asst. Prof. Anaesthesia* by cash

Rs. *5000/-* (= Rupees *five* thousand only - only)

Paid towards: *Being cash paid towards remuneration for attending Workshop of 5th National Conference - Asso. of Regional Anaesthetists 10th, 11th & 12th Aug 18*

Prepared by / Verified by Acctt. / Manager / SAO / Register / V.C / CMD <i>[Signature]</i> 6/8/18 <i>[Signature]</i> 6/8/18 <i>[Signature]</i> 6/8/2018	Paid on	Received Payment
	Cashier	Receiver's Signature



Sri Manakula Vinayagar Medical College & Hospital

Kalitheerthalkuppam, Puducherry - 605 107.

CASH PAYMENT VOUCHER

C.P.V. No. : _____

Date : 8.10.2018

Sl. No.	Particulars of Expenditure	Amount		Amount	
		Rs.	P.	Rs.	P.
1.	Dr. A/c Remuneration Paid to Doctors	5000	00		
2.	Dr. A/c				
3.	Dr. A/c				
4.	Dr. A/c				
5.	Dr. A/c				
1.	Cr. A/c <u>Cash</u>			5000	00
2.	Cr. A/c				
Total		5000	00	5000	00

Paid to Dr. A. Umamageshwaran by cash

Rs. 5000/- (= Rupees Five Thousand only)

Paid towards : Being the Remuneration paid to participated workshop titled Cadaveric workshop on Ultrasound Guided Biopsy on 11th Oct 2018

<p><u>Prepared by / Verified by Acctt. / Manager / SAO / Register / V.C / CMD</u></p> <p><u>05/10/2018</u> <u>8/10/18</u> <u>8/10/2018</u></p>	<p>Paid on</p> <p>.....</p> <p>Cashier</p>	<p>Received Payment</p> <p><input type="checkbox"/></p> <p>Receiver's Signature</p>
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