

Date / / 201

Pravara Rural Education Society's

Voucher No. J.V. ....



# COLLEGE OF PHARMACY, CHINCHOLI (B.Pharm.)

A/p. Chincholi, Tal. Sinnar, Dist. Nashik

## Transfer Voucher

Day Book F. No. ....

Name of the Unit \_\_\_\_\_

Credit A/c. \_\_\_\_\_

Debit A/c. \_\_\_\_\_

Sr. No.	Description	Amount	
		Rs.	Ps.
Transfer Rs. _____		Total -	

Total Rs. (In ward) \_\_\_\_\_

Paid as per above Particulars ,

Passed for Payment

Account Clerk

Accountant

O. S.

Principal

Signature of Thumb  
Impression of receiver

/ 201

**Bank Voucher**

Voucher No. B.p. .... Br. ....

Pravara Rural Education Society's

Day Book F.No. ....

**COLLEGE OF PHARMACY, (B.PHARM / D.PHARM)**

A/p. Chincholi, Tal. Sinnar, Dist. Nashik

Name of the Unit \_\_\_\_\_

Credit A/c. \_\_\_\_\_

Name of Bank \_\_\_\_\_ Bank A/c.No. \_\_\_\_\_

Name / Ms. \_\_\_\_\_

Debit A/c. \_\_\_\_\_

Sr. No.	Description	Amount	
		Rs.	Ps.
Chash Rs. _____ Transfer Rs. _____ Total -			

Total Rs.( In ward ) \_\_\_\_\_

Paid as per above Particulars

Passed for Payment

Cashier    Accountant    C.A.F.O./ PRINCIPAL / Secretary

Signature of Thumb  
Impression of receiver



/ 201

**Cash Voucher**

Voucher No. JV. \_\_\_\_\_

Pravara Rural Education Society's Day Book F.No. \_\_\_\_\_

**COLLEGE OF PHARMACY, CHINCHOLI (B.Pharm)**

A/p. Chincholi, Tal. Sinnar, Dist. Nashik

Name of the Unit \_\_\_\_\_

Credit A/c. \_\_\_\_\_

Debit A/c. \_\_\_\_\_

Name / Ms \_\_\_\_\_

Sr. No.	Description	Amount	
		Rs.	Ps.
Chash Rs. _____ Transfer Rs. _____ Total -			

Total Rs.( In ward ) \_\_\_\_\_

Paid as per above Particulars Passed for Payment

Cashier      Accountant      Administrative Officer      **PRINCIPAL**      Signature of Thumb  
 Impression of receiver

	#NAME?
0	

MTR - 6

(See Rule 11, 11C, 17, 20, 22(4) and 27D of the Professions Tax Rules, 1975)

ACCOUNT HEAD :- 00280012

GRN			Form - ID	(1) III <input type="checkbox"/> (2) IIIB <input type="checkbox"/> (3) VIII <input type="checkbox"/>	(select the applicable one)											
Department	Department of Sales Tax		Date :-													
Type of Payment	Professions Tax Act, 1975		Payee Details													
	(1) RC <input type="checkbox"/> (2) EC <input type="checkbox"/>	(select the applicable one)				PT (RC / EC) Number (TIN) <table border="1" style="width: 100%;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>P</td></tr></table>										
											P					
Location			Full Name of the Tax Payer													
Period																
From	To															
Account Head Details		Code	Amount in Rs.	Remarks, if any :-      Amount in words :-  #NAME?												
Amount of Tax	1															
Interest Amount	2															
Penalty Amount	3															
Composition Money	4															
Fine	5															
Fees	6															
Advance Payment	7															
Total			0													
Signature of Person who has made payment																
FOR BANKS / TREASURY																
Payment Details				For use in Receiving Bank												
Name of Bank			Bank CIN.													
Name of Branch			Date													
			Time													
			Scroll No.													



**PRAVARA RURAL EDUCATION SOCIETY, PRAVARANAGAR**  
Tal. Rahata, Dist. Ahmednagar

Date : / /201

**Application for Advance**

To,  
**Chief Executive Officer,**  
Pravara Rural Education Society,  
Pravaranagar.

Subject: **Request for advance.....**

Sir,

Our unit .....(Name of Unit) is in need of  
an advance of Rs..... (In words Rs.....)  
for following purpose. We request you to sanction an advance to  
Shri ..... and transfer the amount to his  
bank account as per the details given below;

Name of Bank:

Branch:

Account No. :

Sr. No	Proposed work	Work done

Principal/Head Masters/HOD

An advance of Rs. is sanctioned to Shri.....

You are directed to settle advance account within 7 days from the completion of the work.

Otherwise interest @ 15% p.a. will be charged on outstanding balance.

Chief Executive Officer



**BANK COPY** ICICIBank  
**COLLEGE OF PHARMACY,**  
 Chincholi, Sinar - 422 102  
 Date / / 201

**1857**

Branch Set Id  
 Name of branch

Year of FE Admission  
 PAN No. of Institution  
 Account to be credited

A	A	A	T	P	2	3	0	2	E		
0	4	9	1	0	1	0	0	1	0	0	9

1. Institution Name

2. Student Name

3. Contact No.

4. Roll No./Student Id.

5. Class / Sem /Year

6. Course

7. Amount

8. Amount in words

Ruppes \_\_\_\_\_ only

Fee Details	Amount
Tuition Fee	
Development Fee	
Other / University Fee	
Caution money deposit*	
Arrears of fee	
Hostel Fee	
Hostel Deposit	
Mess Fee	
Bus Fee	
<b>Total</b>	

9. Cash Details  
 Demonstration Amount  
 2000 x  
 500 x  
 100 x  
 50 x  
 20 x  
 10 x  
 5 x  
 Total

Transaction ID (Mandatorily filled by Bank Officials)  
 Cheque / Payorder  
 DD No.  
 Payable At Branch  
 Signature / Stamp  
 ICICI Bank Ltd.

Drawn On Bank  
 Checked By  
 Signature of Depositor

\* DD must drawn payable at the centre of deposit of the instrument  
 i.e. outstation instruments not acceptable

**OFFICE COPY** ICICIBank  
**COLLEGE OF PHARMACY,**  
 Chincholi, Sinar - 422 102  
 Date / / 201

**1857**

Branch Set Id  
 Name of branch

Year of FE Admission  
 PAN No. of Institution  
 Account to be credited

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Ruppes \_\_\_\_\_ only

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 ICICI Bank Ltd.

Drawn On Bank  
 Checked By  
 Signature of Depositor

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**STUDENT COPY** ICICIBank  
**COLLEGE OF PHARMACY,**  
 Chincholi, Sinar - 422 102  
 Date / / 201

**1857**

Branch Set Id  
 Name of branch

Year of FE Admission  
 PAN No. of Institution  
 Account to be credited

A	A	A	T	P	2	3	0	2	E		
0	4	9	1	0	1	0	0	1	0	0	9

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Ruppes \_\_\_\_\_ only

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Hostel Deposit	
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**Attach to Admission Form** ICICIBank  
**COLLEGE OF PHARMACY,**  
 Chincholi, Sinar - 422 102  
 Date / / 201

**1857**

Branch Set Id  
 Name of branch

Year of FE Admission  
 PAN No. of Institution  
 Account to be credited

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0	4	9	1	0	1	0	0	1	0	0	9

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Ruppes \_\_\_\_\_ only

Fee Details	Amount
Tuition Fee	
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Other / University Fee	
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Arrears of fee	
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 ICICI Bank Ltd.

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