

CONTINGENCY ADVANCE FORM

To
The Director
National Institute for Research in Tuberculosis
Chennai - 600 031.

CB Advance No.

Date:

Sub: Request for grant of Contingency Advance.

Sir,

A Contingency Advance is required for the Following expenditure in connection with

SL. No	Type of Expenditure	Approx Amount	Remarks
1.			

Hence, sanction may accord for Contingency Advance of **Rs./-** (_____ **only**) for the above mentioned purpose. There is no advance outstanding towards the cited purpose and the same will be settled with required vouchers with ten days from the date of drawal of advance.

Yours faithfully,

Date:

Signature:
Name & Designation:

LDC

Asst.

S.O.

Admn. Officer

FOR USE IN ACCOUNTS & BUDGET SETION

Financial Concurrence accorded for Rs. _____ under NIRT/ICMR _____ Project
Budget for the year _____ and entered in Advance Register at Page No.....Sl. No.....

S.O. (A & B Sec.)

ACCOUNTS OFFICER

SANCTIONED/ NOT SANCTIONED

DIRECTOR