

TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



CASH PAYMENT VOUCHER

Date 21/3/19

V.No.....

Debit Workshop Expenses Account

Rs.

1500

Pay to

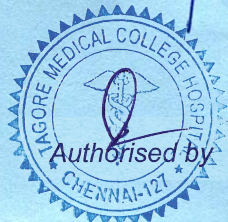
Mrsy Philip

the Sum of Rupees

one thousand five hundred only.

towards

Being amount paid Biomedical waste management participation.



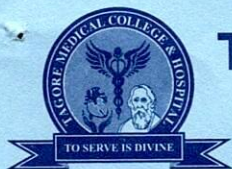
Authorised by

ACCOUNTS OFFICER
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, CHENNAI-600 127.

Accountant

Cashier

Mrsy Philip
Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



CASH PAYMENT VOUCHER

Date 21/2/19

V.No.

Debit workshop expenses Account

Rs. 1800/-

Pay to Gurraiyal
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.

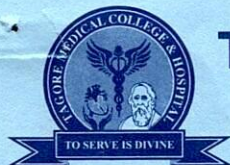
the Sum of Rupees one thousand five hundred only

Being amount paid
towards Biomedical waste management participation



ACCOUNTS OFFICER
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, CHENNAI-600 127.
Accountant Cashier

Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



CASH PAYMENT VOUCHER

Date 21/3/19

V.No.

Debit Workshop Expenses Account

Rs.

1500

DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.

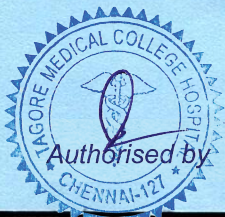
Pay to Quaraiyal

the Sum of Rupees

One thousand five hundred only

towards

Biomedical Waste Management participation. Being amount paid



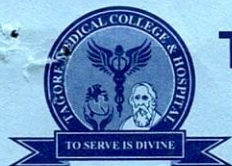
ACCOUNTS OFFICER
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, CHENNAI-600 127.

Accountant

Cashier



Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



CASH PAYMENT VOUCHER

Date 21/3/19.

V.No.

Debit Workshop expenses Account

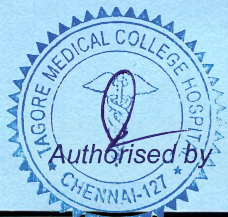
Rs. 1500

Pay to Shri E. Dinesh

the Sum of Rupees One thousand five hundred only

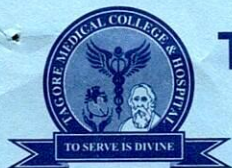
towards Biomedical waste management - Being amount paid

DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKKOTTAIYUR POST,
CHENNAI-600 127.



ACCOUNTS OFFICER
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, CHENNAI-600 127.
Accountant Cashier

Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



CASH PAYMENT VOUCHER

Date 21/3/19

V.No.

Debit..... workshop expenses Account

Rs. 1300/-

DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKKOTTAIYUR POST,
CHENNAI-600 127.

Pay to umamaheshwari

the Sum of Rupees one thousand five hundred only

towards Being amount paid Biomedical waste Management



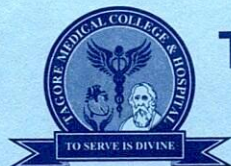
Authorised by

ACCOUNTS OFFICER
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, CHENNAI-600 127.

Accountant

Cashier

Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



CASH PAYMENT VOUCHER

Date 11/6/2019

V.No.

Debit Workshop Expenses Account

Rs.

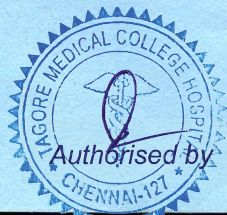
2000

Pay to S. Senthil Kumar

the Sum of Rupees Two thousand only

[Signature]
DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKKOTTAIYUR POST,
CHENNAI-600 127.

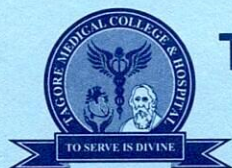
towards Being paid towards Basic course in Biomedical Research participation



ACCOUNTS OFFICER
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, CHENNAI-600 127.
[Signature] Accountant [Signature] Cashier

[Signature]

Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



CASH PAYMENT VOUCHER

Date 11/6/2019

V.No.

Debit workshop expenses Account

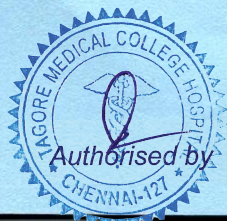
Rs. 9000

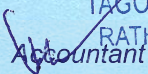
Pay to Creetha R

the Sum of Rupees None thousand only


DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKKOTTAIYUR POST,
CHENNAI-600 127.

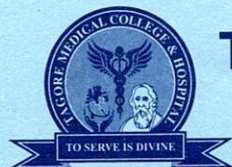
towards Being paid towards Scientific meeting in Health Research
preparation



ACCOUNTS OFFICER
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, CHENNAI-600 127.
 Accountant  Cashier



Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



CASH PAYMENT VOUCHER

Date 11/6/2019

V.No.

Debit Workshop expenses Account

Rs.

2000

Pay to

Dr. Poyish M

the Sum of Rupees

Two thousand only

[Signature]
DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKKOTTAIYUR POST,
CHENNAI-600 127.

towards

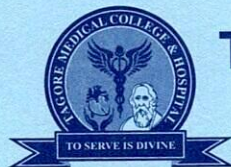
Being paid towards Basic Course in Biomedical
Research Participation



ACCOUNTS OFFICER
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, CHENNAI-600 127.
[Signature] Accountant *[Signature]* Cashier

[Signature]

Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



CASH PAYMENT VOUCHER

Date 15/10/20

V.No.

Debit Workshop expenses Account

Rs.

4000

Pay to Dr. M. Vani

the Sum of Rupees Four thousand only

Summe
DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKKOTTAIYUR POST;
CHENNAI-600 127.

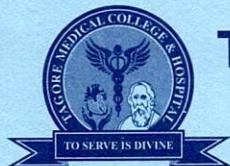
towards Being paid towards National E conference in Anatomy
Participation



ACCOUNTS OFFICER
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, CHENNAI-600 127.
Accountant Cashier

Vani

Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



CASH PAYMENT VOUCHER

Date 15/10/20

V.No.

Debit workshop expenses Account

Rs.

4000

Pay to

Dr. P. Pereltti

the Sum of Rupees

four thousand only

[Signature]
DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.

towards

Being paid towards National Conference in Anatomy
Prescription



ACCOUNTS OFFICER
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, CHENNAI-600 127.

[Signature]
Accountant

[Signature]
Cashier

[Signature]

Payee's Signature