TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

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

PATIENT SAFETY & QUALITY OF CARE NABH CERTIFIED

PEH-2020-1369

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 ..... Mary philip .....

the Sum of Rupees ..... one thousand five hundred only. .....

.....

.....

towards ..... Being amount paid Biomedical waste management participation.

TAGORE MEDICAL COLLEGE HOSPITAL CHENNAI-127

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

Mary philip.

Authorised by | Accountant | Cashier | Payee's Signature

TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

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

PEH-2020-1369

CASH PAYMENT VOUCHER

Date 21/2/19

V.No.....

Debit workshop Expenses Account

Rs. 1800/-

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

Pay to Gurvaiyal

the Sum of Rupees one thousand five hundred only.

Being amount paid

towards Biomedical waste managemet participation

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

Authorised by | Accountant | Cashier | Payee's Signature

TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

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

PEH-2020-1369

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 Quvaiyal

the Sum of Rupees One Thousand Five Hundred only

towards Biomedical Waste Management Participation. Biz amount paid

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

Authorised by

Accountant

Cashier

Payee's Signature

TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

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

PEH-2020-1369

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 Mr. E. Divya

the Sum of Rupees One Thousand five Hundred only

Being amount paid

towards Biomedical waste Management

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

Authorised by | Accountant | Cashier | Payee's Signature

TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

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

PEH-2020-1369

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 .....umamaheshwari.....

the Sum of Rupees .....one thousand five hundred only.....

towards .....Being amount paid Biomedical waste Management.....

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

Authorised by | Accountant | Cashier | Payee's Signature

TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.
Admin. Office # 29, Thilak Street, Chennai - 600 017.

PEH-2020-1369

CASH PAYMENT VOUCHER

Date 11/6/2019

V.No.....

Debit.....Workshop expenses.....Account

Rs. 2000

Pay to .....Semithaseelee.....

the Sum of Rupees .....Two thousand only.....

.....

.....

towards ....Being paid towards Basic course in Biomedical Research participation

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

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

Authorised by

Accountant

Cashier

Payee's Signature

TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

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

PEH-2020-1369

CASH PAYMENT VOUCHER

Date 11/6/2019

V.No.....

Debit.....Workshop expenses.....Account

Rs. 9000

Pay to .....Geetha R.....

the Sum of Rupees .....Nine Thousand only.....

.....

.....

towards ....Being paid towards Scientific meeting in Health Research preparation

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

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

Authorised by

Accountant

Cashier

Payee's Signature

TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

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

PATIENT SAFETY & QUALITY OF CARE — NABH — CERTIFIED

PEH-2020-1369

CASH PAYMENT VOUCHER

Date 11/6/2019

V.No.....

Debit..... Workshop expenses .....Account

Rs. 2000

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

Pay to ..... Dr. Rajesh M .....

the Sum of Rupees ..... Two thousand only .....

.....

.....

towards ..... Being paid towards Basic course in Biomedical Research Participation .....

TAGORE MEDICAL COLLEGE HOSPITAL CHENNAI-127

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

Authorised by | Accountant | Cashier | Payee's Signature

TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

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

PEH-2020-1369

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 .....

towards ..... Being paid towards National E conference in Anatomy Dissection .....

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

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

Authorised by

Accountant

Cashier

Payee's Signature

TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

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

PEH-2020-1369

CASH PAYMENT VOUCHER

Date 15/10/20

V.No.....

Debit ..... Workshop Expenses ..... Account

Rs. 4000

Pay to ..... Dr. P. Preethi .....

the Sum of Rupees ..... four thousand only .....

.....

.....

towards ..... Being paid towards National Conference in Anatomy registration .....

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

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

Authorised by | Accountant | Cashier | Payee's Signature