

DELIVERY CHALLAN FOR STATE HEALTH SOCIETY BIHAR, PATNA

Customer	
Name	CIVIL SURGEON CUM MEMBER SECRETARY / DPM / DIO
Address	DISTRICT HEALTH SOCIETY
Phone	CS :
	DPM :
	ACMO :
	DIO :

LIST REF.	
Driver's Name
Vehicle No.

Description of
[LETTER ORDER NO. :]

SL. NO.	PARTICULARS	QUANTITY [PCS.]	BUNDLES	TOTAL BUNDLES
1	ITEM NAME	0	0 x 0 Pcs.	1
TOTAL				1

<i>Signature : 1</i>	RECEIVED BY : STOREKEEPER / ASSISTANT / CLERK
NAME & POST :	
SIGNATURE WITH DATE :	
MOBILE NO.:	

SEAL

Signature : 2 CERTIFIED BY : C.S. / D.P.M. / D.I.O. / NODAL OFFICER/Any Competent officer

Certified by CIVIL SURGEON	Certified by DPM	Certified by ACMO "or" DIO	Certified by Nodal Officer
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Company's VAT TIN :	COMPANY'S NAME AND SIGNATURE WITH SEAL
Company's PAN No. :	
Declaration: I/WE HAVE RECEIVED THE GOODS in good CONDITIONS.	