

APPLICATION FORM FOR THE SANCTION OF MEDICAL ADVANCE

1. Name of the Applicant :
  2. Designation : (Confirmed/Temporary)
  3. Gross Salary :
  4. Deductions :
  5. Net Amount :
  6. Purpose for which the Advance is required  
(Medical Certificate issued by not below the Rank of civil Surgeon with an estimate of Expenditure should be enclosed) :
  7. Amount of advance required :
- Station :
- Date : SIGNATURE OF THE APPLICANT

Remarks of the Head of the Department

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ADVANCE STAMPED RECEIPT

Received a sum of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_  
\_\_\_\_\_ ) from the Registrar S.K. University Anantapur towards  
Medical Advance.  
S.B.A/c No. \_\_\_\_\_

Stamp

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For Office Use Only

Gross Salary: \_\_\_\_\_ Deductions : \_\_\_\_\_  
Net Salary : \_\_\_\_\_ Medical Advance (Instal): \_\_\_\_\_  
Home taking Salary: \_\_\_\_\_

Asst.

Supdt.

A.R.

D.R.

F.O.