

SET'S

# S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH,

NOUBAD, BIDAR

## PAYMENT VOUCHER

V. No. 

0	9	4	2
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Date : 

1	3	2017
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Pay Kashinath

Rs. 5000/- (Rupees Five thousand only)

By Cash / Cheque / D.D. No. cash Towards Medical expense support

DEBIT	Rs.	CREDIT	Rs.
To, A/c. _____			
_____			
_____			
_____			5000/-

Rea  
Account Officer

[Signature]  
Adm. Office



Receiver's Signature  
Name [Signature]

SET'S

# S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH,

NOUBAD, BIDAR

## PAYMENT VOUCHER

V. No. 

0	9	5	7
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Date: 6/3/2017

Pay Eyed Athar Hussain

Rs. 5000/- (Rupees Five thousand only)

By Cash / Cheque / D.D. No. cash Towards Medical expense support

DEBIT	Rs.	CREDIT	Rs.
To, A/c. _____			
_____			
_____			
_____			<u>5000/-</u>

[Signature]  
Account Officer

[Signature]  
Adm. Office



Receiver's Signature  
Name [Signature]

SET'S

# S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH,

NOUBAD, BIDAR

## PAYMENT VOUCHER

V. No.

0	1	7	6
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Date :

5 / 6 / 2017

Pay Shiv Kumar

Rs. 5000/- (Rupees Five thousand only)

By Cash / Cheque / D.D. No. cash Towards Marriage expense support

DEBIT	Rs.	CREDIT	Rs.
To, A/c. _____			
_____			
_____			
_____			5000/-

Recd  
Account Officer

[Signature]  
Adm. Office



Approved by

Receiver's Signature  
Name [Signature]

SET'S

# S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH,

NOUBAD, BIDAR

## PAYMENT VOUCHER

V. No. 

0	2	7	5
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Date: 11/7/2017

Pay Baswaraj V. Patil

Rs. 5000/- (Rupees five thousand only)

By Cash / Cheque / D.D. No. cash Towards family function expense support

DEBIT	Rs.	CREDIT	Rs.
To, A/c. _____			
_____			
_____			
_____			5000/-

[Signature]  
Account Officer

[Signature]  
Adm. Office



Approved by \_\_\_\_\_

Receiver's Signature  
Name [Signature]



SET'S

# S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH,

NOUBAD, BIDAR

## PAYMENT VOUCHER

V. No. 

0	4	1	0
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Date: 1/9/2017

Pay Babu Rao Bhaierappa

Rs. 5000/- (Rupees Five Thousand only)

By Cash / Cheque / D.D. No. cash Towards Medical expense support

DEBIT	Rs.	CREDIT	Rs.
To, A/c. _____			
_____			
_____			
_____			5000/-

[Signature]  
Account Officer

[Signature]  
Adm. Office



Approved by

Receiver's Signature  
Name [Signature]

SET'S

# S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH,

NOUBAD, BIDAR

## PAYMENT VOUCHER

V. No. 

0	4	1	6
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Date: 7/9/2017

Pay Chandrakanth Hegge.

Rs. 5000/- (Rupees Five Thousand only)

By Cash / Cheque / D.D. No. cash Towards Child education support

DEBIT	Rs.	CREDIT	Rs.
To, A/c. _____			
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_____			
_____			5000/-

Account Officer [Signature]

Adm. Office [Signature]



Receiver's Signature Name [Signature]

SET'S  
**S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH,**

NOUBAD, BIDAR

**PAYMENT VOUCHER**

V. No. 

0	4	4	8
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Date : 20/9/2017

Pay Baburao Chanshetty

Rs. 5000/- (Rupees Five thousand only)

By Cash / Cheque / D.D. No. cash Towards Medical expense support

DEBIT	Rs.	CREDIT	Rs.
To, A/c. _____			
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_____			
_____			5000/-

[Signature]  
Account Officer

[Signature]  
Adm. Office



Receiver's Signature  
Name [Signature]

SET'S  
**S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH,**

NOUBAD, BIDAR

PAYMENT VOUCHER

V. No. 

0	8	0	5
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Date: 2/2/2018

Pay Pravash

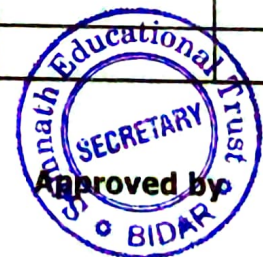
Rs. 5000/- (Rupees five thousand only.)

By  Cash /  Cheque /  D.D. No. cash Towards medical expense support

DEBIT	Rs.	CREDIT	Rs.
To, A/c. _____			
_____			
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_____			<u>5000/-</u>

Relish  
Account Officer

AB  
Adm. Office



Receiver's Signature  
Name J. K. Patil



SET'S

# S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH,

NOUBAD, BIDAR

## PAYMENT VOUCHER

V. No. 

0	3	2	4
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Date: 13/2/2019

Pay Vishwanath Noubad

Rs. 5000/- (Rupees Five thousand only)

By Cash / Cheque / D.D. No. cash Towards Medical expense support

DEBIT	Rs.	CREDIT	Rs.
To, A/c. _____			
_____			
_____			
_____			
_____			<u>5000/-</u>

[Signature]  
Account Officer

[Signature]  
Adm. Office



[Signature]  
Receiver's Signature  
Name \_\_\_\_\_



SET'S  
**S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH,**

NOUBAD, BIDAR

PAYMENT VOUCHER

V. No. 

0	0	0	2
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Date: 2/4/2018

Pay Ramanna G

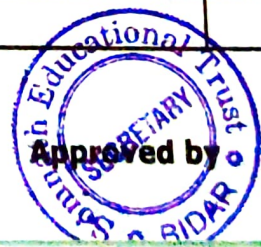
Rs. 5000/- (Rupees five thousand only)

By  Cash /  Cheque /  D.D. No. cash Towards Medical expense support

DEBIT	Rs.	CREDIT	Rs.
To, A/c. _____			
_____			
_____			
_____			<u>5000/-</u>

[Signature]  
Account Officer

[Signature]  
Adm. Office



Receiver's Signature  
Name [Signature]

SET'S

# S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH,

NOUBAD, BIDAR

## PAYMENT VOUCHER

V. No. 

0	1	1	0
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Date : 10/15/2018

Pay Vishwanath Swamy

Rs. 5000/- (Rupees five thousand only)

By  Cash /  Cheque /  D.D. No. cash Towards for treatment of his w/f

DEBIT	Rs.	CREDIT	Rs.
To, A/c. _____			

[Signature]  
Account Officer

[Signature]  
Adm. Office



5000/-  
[Signature]  
Receiver's Signature  
Name \_\_\_\_\_

SET'S

# S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH,

NOUBAD, BIDAR

## PAYMENT VOUCHER

V. No. 

0	1	6	5
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Date: 1/6/2018

Pay Ashok Kumar

Rs. 5000/- (Rupees Five Thousand only)

By Cash / Cheque / D.D. No. cash Towards Marriage expense support

DEBIT	Rs.	CREDIT	Rs.
To, A/c. _____			
			<u>5000/-</u>

[Signature]  
Account Officer

[Signature]  
Adm. Office



Receiver's Signature  
Name [Signature]

SET'S  
**S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH,**

NOUBAD, BIDAR

PAYMENT VOUCHER

V. No. 

0	5	0	5
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Date: 11/10/2018

Pay Vijay Kumar R Marhalli

Rs. 5000/- (Rupees Five thousand only)

By Cash / Cheque / D.D. No. cash Towards Marriage expense support

DEBIT	Rs.	CREDIT	Rs.
To, A/c. _____			
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_____			5000/-

Redu  
Account Officer

[Signature]  
Adm. Office



Receiver's Signature  
Name [Signature]



SET'S  
**S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH,**

NOUBAD, BIDAR

**PAYMENT VOUCHER**

V. No. 

0	5	5	3
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Date : 5/11/2018

Pay Month

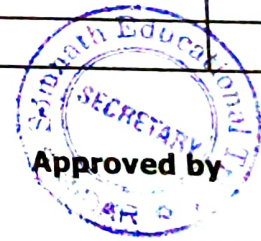
Rs. 5000/- (Rupees five thousand only)

By Cash / Cheque / D.D. No. cash Towards Medical Expense Support

DEBIT	Rs.	CREDIT	Rs.
To, A/c. _____			
_____			
_____			
_____			

[Signature]  
Account Officer

[Signature]  
Adm. Office



Approved by

5000/-  
[Signature]  
Receiver's Signature  
Name \_\_\_\_\_



SET'S  
**S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH,**  
 NOUBAD, BIDAR  
PAYMENT VOUCHER

V. No. 

0	5	6	1
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Date : 10/11/2018

Pay Prēmila  
 Rs. 5000/- (Rupees Five thousand only-)  
 By Cash / Cheque / D.D. No. cash Towards maternity support

DEBIT	Rs.	CREDIT	Rs.
To, A/c. _____			
			<u>5000/-</u>

[Signature]  
 Account Officer

[Signature]  
 Adm. Office



[Signature]  
 Receiver's Signature  
 Name \_\_\_\_\_

SET'S  
**S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH,**

NOUBAD, BIDAR

**PAYMENT VOUCHER**

V. No. 

0	0	9	1
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Date : 15/5/2019.

Pay Kottappa

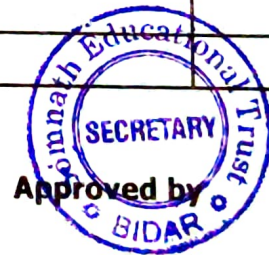
Rs. 5000/- (Rupees Five thousand only)

By  Cash /  Cheque /  D.D. No. CASH Towards Marriage expense support

DEBIT	Rs.	CREDIT	Rs.
To, A/c. _____			
_____			
_____			
_____			<u>5000/-</u>

[Signature]  
Account Officer

[Signature]  
Adm. Office



Receiver's Signature  
Name [Signature]

SET'S

# S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH,

NOUBAD, BIDAR

## PAYMENT VOUCHER

V. No.

0	1	7	3
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Date :

12/6/2019

Pay Rajkumar

Rs. 5000/- (Rupees Five Thousand only)

By  Cash /  Cheque /  D.D. No. cash Towards for child education Support

DEBIT	Rs.	CREDIT	Rs.
To, A/c. _____			
_____			
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_____			<u>5000/-</u>

[Signature]  
Account Officer

[Signature]  
Adm. Office



Receiver's Signature  
Name Rajkumar

SET'S  
**S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH,**

**NOUBAD, BIDAR**

**PAYMENT VOUCHER**

V. No. 

0	2	7	1
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Date : 17/7/2019

Pay Ashok shinde.

Rs. 5000/- (Rupees Five Thousand only.)

By  Cash /  Cheque /  D.D. No. cash Towards for medical expense support-

DEBIT	Rs.	CREDIT	Rs.
To, A/c. _____			
_____			
_____			
_____			<u>5000/-</u>

  
**Account Officer**

  
**Adm. Office**



**Approved by**

**Receiver's Signature**  
Name 



SET'S

# S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH,

NOUBAD, BIDAR

## PAYMENT VOUCHER

V. No. 

0	3	4	0
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Date: 7/8/2019

Pay Nandini Markand

Rs. 5000/- (Rupees Five thousand only)

By Cash / Cheque / D.D. No. cash Towards Marriage expense support

DEBIT	Rs.	CREDIT	Rs.
To, A/c. _____			
_____			
_____			5000/-

[Signature]  
Account Officer

[Signature]  
Adm. Office



Approved by

[Signature]  
Receiver's Signature  
Name \_\_\_\_\_



SET'S  
**S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH,**

NOUBAD, BIDAR

**PAYMENT VOUCHER**

V. No. 

0	4	3	4
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Date : 2/9/2019

Pay Anwarulhaq

Rs. 5000/- (Rupees Five thousand only)

By Cash / Cheque / D.D. No. Cash Towards Medical Expense support

DEBIT	Rs.	CREDIT	Rs.
To, A/c. _____			
_____			
_____			
_____			5000/-

[Signature]  
Account Officer

[Signature]  
Adm. Office



[Signature]  
Receiver's Signature  
Name \_\_\_\_\_

SET'S

# S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH,

NOUBAD, BIDAR

## PAYMENT VOUCHER

V. No. 

0	4	6	0
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Date: 18/9/2019.

Pay Sanshokhar Tandore

Rs. 5000/- (Rupees Five Thousand only)

By Cash / Cheque / D.D. No. cash Towards For family support

DEBIT	Rs.	CREDIT	Rs.
To, A/c. _____			
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_____			<u>5000/-</u>

  
Account Officer

  
Adm. Office



Approved by

Receiver's Signature  
Name 

SET'S

# S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH,

NOUBAD, BIDAR

## PAYMENT VOUCHER

V. No. 

0	1	5	7
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Date : 2/8/2020

Pay Kinden

Rs. 5000/- (Rupees five thousand only.)

By  Cash /  Cheque /  D.D. No. cash Towards for medical expense only.

DEBIT	Rs.	CREDIT	Rs.
To, A/c. _____			
_____			
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_____			<u>5000/-</u>

[Signature]  
Account Officer

[Signature]  
Adm. Office



Receiver's Signature  
Name [Signature]

SET'S

# S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH,

NOUBAD, BIDAR

## PAYMENT VOUCHER

V. No. 

0	0	0	3
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Date : 01/4/2020

Pay Vinla Bai

Rs. 5000/- (Rupees Five thousand only)

By  Cash /  Cheque /  D.D. No. cash Towards for treatment of her husband.

DEBIT	Rs.	CREDIT	Rs.
To, A/c. _____			
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_____			<u>5000/-</u>

[Signature]  
Account Officer

[Signature]  
Adm. Office

  
Approved by

Receiver's Signature  
Name [Signature]

SET'S  
**S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH,**

NOUBAD, BIDAR

PAYMENT VOUCHER

V. No. 

0	0	2	1
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Date: 4/05/2020.

Pay Saraswati.

Rs. 5000/- (Rupees Five Thousand only.)

By Cash / Cheque / D.D. No. cash Towards For medical expense support

DEBIT	Rs.	CREDIT	Rs.
To, A/c. _____			
_____			
_____			
_____			5000/-

[Signature]  
Account Officer

[Signature]  
Adm. Office



Approved by

Receiver's Signature  
Name [Signature]





SET'S

# S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH,

NOUBAD, BIDAR

## PAYMENT VOUCHER

V. No. 

0	2	9	0
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Date: 17/9/2020.

Pay Sulochana

Rs. 5000/- (Rupees Five Thousand only)

By Cash / Cheque / D.D. No. cash Towards Medical Health support

DEBIT	Rs.	CREDIT	Rs.
To, A/c. _____			
			<u>5000/-</u>

[Signature]  
Account Officer

[Signature]  
Adm. Office



Approved by

[Signature]  
Receiver's Signature  
Name \_\_\_\_\_

SET'S  
**S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH,**

NOUBAD, BIDAR

PAYMENT VOUCHER

V. No. 

0	5	0	0
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Date: 21/11/2020.

Pay Vishwanath Haubad.

Rs. 5000/- (Rupees Five thousand only.)

By  Cash /  Cheque /  D.D. No. CASH Towards for medical expenses support

DEBIT	Rs.	CREDIT	Rs.
To, A/c. _____			
_____			
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_____			<u>5000/-</u>

[Signature]  
Account Officer

[Signature]  
Adm. Office



Receiver's Signature  
Name [Signature]

SET'S  
**S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH,**

NOUBAD, BIDAR

**PAYMENT VOUCHER**

V. No. 

0	8	0	0
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Date : 9/3/2021

Pay Vijay Kumar S

Rs. 5000/- (Rupees Five thousand only)

By Cash / Cheque / D.D. No. cash Towards Medical expense support

DEBIT	Rs.	CREDIT	Rs.
To, A/c. _____			
			5000/-

Redi  
Account Officer

[Signature]  
Adm. Office



Vijay  
Receiver's Signature  
Name \_\_\_\_\_



SET'S  
**S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH,**

NOUBAD, BIDAR

PAYMENT VOUCHER

V. No. 

0	0	7	1
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Date: 5/5/2021

Pay to Hapa.

Rs. 5000/- (Rupees Five thousand only)

By Cash / Cheque / D.D. No. CASH Towards Medical expense support

DEBIT	Rs.	CREDIT	Rs.
To, A/c. _____			
_____			
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_____			5000/-

[Signature]  
Account Officer

[Signature]  
Adm. Office



[Signature]  
Receiver's Signature  
Name \_\_\_\_\_



SET'S  
**S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH,**

NOUBAD, BIDAR

**PAYMENT VOUCHER**

V. No. 

0	1	4	6
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Date: 17/6/2021

Pay Smita B.

Rs. 5000/- (Rupees five thousand only)

By Cash / Cheque / D.D. No. Cash Towards Maternity expense support

DEBIT	Rs.	CREDIT	Rs.
To, A/c. _____			
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Account Officer

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Adm. Office



Smita  
Receiver's Signature  
Name \_\_\_\_\_

SET'S  
**S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH,**

**NOUBAD, BIDAR**

**PAYMENT VOUCHER**

V. No. 

0	2	0	0
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Date : 13/7/2021.

Pay Dattatris Rao patil.

Rs. 5000/- (Rupees Five thousand only.)

By  Cash /  Cheque /  D.D. No. cash Towards treatment of his wife.

DEBIT	Rs.	CREDIT	Rs.
To, A/c. _____			
			<u>5000/-</u>

hebe  
**Account Officer**

[Signature]  
**Adm. Office**



**Approved by**

**Receiver's Signature**  
Name [Signature]

SET'S  
**S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH,**

NOUBAD, BIDAR

**PAYMENT VOUCHER**

V. No. 

0	2	6	7
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Date : 10/8/2021

Pay Laxmi Noubad,

Rs. 5000/- (Rupees Five thousand only.)

By  Cash /  Cheque /  D.D. No. cash Towards medical expense support

DEBIT	Rs.	CREDIT	Rs.
To, A/c. _____			
			5000/-

  
Account Officer

  
Adm. Office



  
Receiver's Signature  
Name \_\_\_\_\_

SET'S

# S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH,

NOUBAD, BIDAR

## PAYMENT VOUCHER

V. No. 

0	3	5	1
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Date : 13/9/2021

Pay Satish Gokhale.

Rs. 5000/- (Rupees Five thousand only)

By  Cash /  Cheque /  D.D. No. cash Towards  children marriage.

DEBIT	Rs.	CREDIT	Rs.
To, A/c. _____			
			<u>5000/-</u>

[Signature]  
Account Officer

[Signature]  
Adm. Office



[Signature]  
Receiver's Signature  
Name \_\_\_\_\_