To

SDO AH&D

………………………………..

**Subject: Insurance Incentive Contingent Bill of Dr. ………………………………..**

**For the Year ………………………………….**

R/ Sir,+

In reference to above stated subject, details of insurance done during the year …………………….. as follows.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | Rate | Amount (Rs.) |
| 1. | No. of Insurance done during the year 2019-20 = | ………. | 50/- | ………. |
| 2. | No. of Insurance done during the year 2019-20 = | ………. | 100 | ………. |
|  |  |  | Total | ……….………. |

Total Amount = *Rs.* ……….……….……….……….……….……….

Certified this bill is being presented first time and I have not claimed earlier for the same.

Dr. ……….……….……….

**Vety Surgeon**

GVH ……….……….……….……….

Submitted to SDO AH&D ……….……….……….………. for information & n/a pl.

D.No. ……….……….………. Dated ……….……….

**Vety Surgeon**

GVH ……….……….……….

| **Sr.** | **Name** | **Father’s Name** | **Village** | **Animal** | **Tag No.** |
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