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mifuns'kd egksn;]

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fo"k;%& Central Plan Scheme (Sharing basis) RKVY For GEN (2021-22) ds rgr yxk, x, nks fnolh; dSai dh gkftjh fjiksVZ ,oa fcy Hkstus ckjsA

lanHkZ%& i= dzekad ------------------------------------------- fnukad -------------------------------------------- dk;kZy; mifuns'kd i'kqikyu ,oa Ms;jh foHkkx] ------------------------------------A

Jheku~ th]

mijksDr fo"k; o vkids i= dzekad ds lanHkZ esa ys[k gS fd fnukad ............................ o ............................dks thoh,p -----------------------esa i'kqikyu f'k{kk ,oa tkx:drk dSai dk vk;kstu fd;k x;k ftlesa 20 i'kqikydksa us Hkkx fy;kA

igys fnu (-----------------------) dks i'kqikyu izFkkvksa tSls fd Ms;jh QkfeZax] lwdj QkfeZax] HksM+&cdjh ikyu ,oa foHkkxh; Ldheksa ds ckjs voxr djk;k x;kA i'kikydksa ds cSBus dh mfpr O;oLFkk lfgr [kkus gsrq yap iSd] uksV cqd] iSu o QkbZy QksYMj dk forj.k fd;k x;kA jktdh; i'kqfpfdRlky; -----------------------ds leLr LVkQ] i'kqfpfdRld ----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------us i'kqikydksa dks lacksf/kr fd;kA ---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------- us i'kqikydksa dks Vhdkdj.k ,oa d`f=e xHkkZ/kku rFkk foHkkx dh chek ;kstuk o Ms;jh Ldheksa dh Tkkudkjh nhA

nwljs fnu (-----------------------) f'kfoj dh v/;{krk MkW0 ---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------i'kqikyu ,oa Ms;jh foHkkx Vksgkuk }kjk dh xbZA ftlesa mUgksaus i'kqikydksa dks foHkkx }kjk pykbZ tk jgh Ldheksa ls voxr djk;kA dk;Zdze esa Progressive Farmer Jh ---------------------------------------------------------------------o Expert Lecturer MkW0 ---------------------------------------------------------------------us i'kqikydksa dk vk/kqfud rjhds ls i'kqikyu dk dk;Z djds vkenuh dks nksxquk fd;k tk ldrk gS] fo"k; ij vius fopkj j[ksA i'kqikydksa dks ----------------------- esa -------------------------------------------------------------------------------------------------------------------Hkze.k djok;k x;kA i'kqikydksa dks --------------------------------------------------------------------------------------------esa yap djok;k x;kA nksuksa fnol dk dqy [kpkZ 20000/- #i;s gS tks i'kqfpfdRld us tsc ls [kpZ fd;k gSA

lacaf/kr QeZ] xkM+h ds Mzkboj] Expert Lecturer (Retd.)] Progressive Farmer o lacaf/kr 20 i'kqikydksa dk [kkrk fooj.k o lacaf/kr ewy fcy rFkk Quotations layXu gSaA d`i;k djds tYn 20000 #i;s dh jkf'k i'kqfpfdRld ds [kkrs esa Myokus dk d"V djsaA

/kU;okn lfgrA

Veterinary Surgeon

GVH ----------------------------------------------

Distt. ......................

layXu%&

 Bill, Receipt, Quotations Dated Amount

1. Incentives to Farmers APR No. 1 22.07.22 3000/-
2. Incentives to Farmers APR No. 2 ----------------- 3000/-
3. Note Book Bill 22.07.22 400/-
4. Folder and Pen Bill 22.07.22 400/-
5. Banner Bill 22.07.22 200/-
6. Tentage Quotation No. 1 22.07.22
7. Tentage Quotation No. 2 22.07.22
8. Tentage Quotation No. 3 22.07.22
9. Comparative Statement Tentage Bill 22.07.22
10. Tentage Bill Two days ----------------- 2000/-
11. Lunch Packs Quotation No. 1 22.07.22
12. Lunch Packs Quotation No. 2 22.07.22
13. Lunch Packs Quotation No. 3 22.07.22
14. Comparative Statement Lunch Packs 22.07.22
15. Lunch Packs Bill 1 22.07.22 3000/-
16. Lunch Packs Bill 2 ----------------- 3000/-
17. Honorarium Expert Lecturer Receipt ----------------- 500/-
18. Honorarium Progressive Farmer Receipt ----------------- 500/-
19. Travelling Fare Quotation No. 1 -----------------
20. Travelling Fare Quotation No. 2 -----------------
21. Travelling Fare Quotation No. 3 -----------------
22. Comparative Statement Travelling Fare -----------------
23. Travelling Fare Bill No. 1 ----------------- 2000/-
24. Travelling Fare Bill No. 2 ----------------- 2000/-

APR No. 1

APR No. 2

Submitted to SDO AH&D --------------------------------------------------------------------- for n/a & information please.

Veterinary Surgeon

GVH -----------------------

Distt. ......................

Note Book Bill of Rs. 400/- (@ Rs. 20 x 20)

*Attested & Verified by Veterinary Surgeon, GVH -----------------------, Distt. ......................*

Certified that

1. This bill has been presented for the first time.

2. The Items have been used only for Govt. Purpose.

3. Bill has been entered in RKVY Health Cum Infertility Camp Register Serial No. ...... at Page No.......

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| **VLDA****GVH -----------------------****Distt. ......................** | **Veterinary Surgeon****GVH -----------------------****Distt. ......................** | **Veterinary Surgeon****GVH -----------------------** **Distt. ......................** |

Folder & Pen Bill Rs. 400/- (@ Rs 20 x 20 Pen & 20 Folder)

*Attested & Verified by Veterinary Surgeon, GVH -----------------------, Distt. ......................*

Certified that

1. This bill has been presented for the first time.

2. The Items have been used only for Govt. Purpose.

3. Bill has been entered in RKVY Health Cum Infertility Camp Register Serial No. ...... at Page No.......

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| **VLDA****GVH -----------------------****Distt. ......................** | **Veterinary Surgeon****GVH -----------------------****Distt. ......................** | **Veterinary Surgeon****GVH -----------------------** **Distt. ......................** |

Banner Bill (Rs. 200/-)

*Attested & Verified by Veterinary Surgeon, GVH -----------------------, Distt. ......................*

Certified that

1. This bill has been presented for the first time.

2. The Items have been used only for Govt. Purpose.

3. Bill has been entered in RKVY Health Cum Infertility Camp Register Serial No. ...... at Page No.......

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| **VLDA****GVH -----------------------****Distt. ......................** | **Veterinary Surgeon****GVH -----------------------****Distt. ......................** | **Veterinary Surgeon****GVH -----------------------** **Distt. ......................** |

Tent Quotation No. 1

*AHEA Camp: 15x30 Tent Size, 25 Chairs, 4 Tables, 8 Mats, Rent Labour & Loading Rate for two days: Total 2000/-*

Veterinary Surgeon

GVH -----------------------

Distt. ......................

Tent Quotation No. 2

*AHEA Camp: 15x30 Tent Size, 25 Chairs, 4 Tables, 8 Mats, Rent Labour & Loading Rate for two days: Total 2500/-*

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| --- | --- | --- |
|  |  | Veterinary SurgeonGVH -----------------------Distt. ...................... |

Tent Quotation No. 3

*AHEA Camp: 15x30 Tent Size, 25 Chairs, 4 Tables, 8 Mats, Rent Labour & Loading Rate for two days: Total 2400/-*

|  |  |  |
| --- | --- | --- |
|  |  | Veterinary SurgeonGVH -----------------------Distt. ...................... |

**COMPARATIVE STATEMENT**

of Quotations received for erecting tentage at GVH ----------------------- for AHEA Camp

Dated --------------------------to -----------------

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr.****No.** | **Name of Firm** | **Amount Quoted** | **Remarks** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |

The rates quoted by Firm at Serial No. 1 are lowest at the market rate so quotation no. 1. is accepted.

|  |  |  |
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| VLDAGVH -----------------------Distt. ...................... | Veterinary SurgeonGVH -----------------------Distt. ...................... | Veterinary SurgeonGVH -----------------------Distt. ...................... |

Tent Bill

*Attested & Verified by Veterinary Surgeon, GVH -----------------------, Distt. ......................*

Certified that

1. This bill has been presented for the first time.

2. The Items have been used only for Govt. Purpose.

3. Bill has been entered in RKVY Health Cum Infertility Camp Register Serial No. ...... at Page No.......

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| **VLDA****GVH -----------------------****Distt. ......................** | **Veterinary Surgeon****GVH -----------------------****Distt. ......................** | **Veterinary Surgeon****GVH -----------------------** **Distt. ......................** |

Lunchpacks Quotation No. 1

*AHEA Camp: Quantity 20, Rate 150/- = 3000/- for two days: Total 6000/-*

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| --- | --- | --- |
| **VLDA****GVH -----------------------****Distt. ......................** | **Veterinary Surgeon****GVH -----------------------****Distt. ......................** | **Veterinary Surgeon****GVH -----------------------** **Distt. ......................** |

Lunchpacks Quotation No. 2

*AHEA Camp: Quantity 20, Rate 160/- = 3200/- for two days: Total 6400/-*

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| --- | --- | --- |
| **VLDA****GVH -----------------------****Distt. ......................** | **Veterinary Surgeon****GVH -----------------------****Distt. ......................** | **Veterinary Surgeon****GVH -----------------------** **Distt. ......................** |

Lunchpacks Quotation No. 3

*AHEA Camp: Quantity 20, Rate 155/- = 3100/- for two days: Total 6200/-*

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| **VLDA****GVH -----------------------****Distt. ......................** | **Veterinary Surgeon****GVH -----------------------****Distt. ......................** | **Veterinary Surgeon****GVH -----------------------** **Distt. ......................** |

**COMPARATIVE STATEMENT**

of Quotations received for erecting LUNCH PACKS at GVH ----------------------- for AHEA Camp

Dated --------------------------to -------------------(For two days)

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr.****No.** | **Name of Firm** | **Amount Quoted** | **Remarks** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |

The rates quoted by Firm at Serial No. 1 are lowest at the market rate so quotation no. 1. is accepted.

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| **VLDA****GVH -----------------------****Distt. ......................** | **Veterinary Surgeon****GVH -----------------------****Distt. ......................** | **Veterinary Surgeon****GVH -----------------------** **Distt. ......................** |

Restaurant Bill No. 1

Quantity 20, Thali 150/- Lunch Pack Rs. 3000

*Attested & Verified by Veterinary Surgeon, GVH -----------------------, Distt. ......................*

1. This bill has been presented for the first time.

2. The Items have been used only for Govt. Purpose.

3. Bill has been entered in RKVY Health Cum Infertility Camp Register Serial No. ...... at Page No.......

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| --- | --- | --- |
| **VLDA****GVH -----------------------****Distt. ......................** | **Veterinary Surgeon****GVH -----------------------****Distt. ......................** | **Veterinary Surgeon****GVH -----------------------** **Distt. ......................** |

Restaurant Bill No. 2

Quantity 20, Thali 150/- Lunch Pack Rs. 3000

*Attested & Verified by Veterinary Surgeon, GVH -----------------------, Distt. ......................*

1. This bill has been presented for the first time.

2. The Items have been used only for Govt. Purpose.

3. Bill has been entered in RKVY Health Cum Infertility Camp Register Serial No. ...... at Page No.......

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| --- | --- | --- |
| **VLDA****GVH -----------------------****Distt. ......................** | **Veterinary Surgeon****GVH -----------------------****Distt. ......................** | **Veterinary Surgeon****GVH -----------------------** **Distt. ......................** |

Receipt – III

Expert Lecturer (Guest Faculty)

Certification for delivering a lecture on ANIMAL HUSBANDRY PRACTICES in AHEAC on Dated -------------------at Village -----------------------.

For Honorarium Account details are as follows:-

1. Name of the Bank

2. Branch

3. Account No.

4. IFSC Code

5. Mobile No.

Received Honorarium Rs. 500/- in cash.

 Sign

 Name

 Father’s Name

 VPO
 Tehsil

 Distt.

 Dated

*Attested & Verified by Veterinary Surgeon, GVH -----------------------, Distt. ......................*

It has been entered in RKVY Health Cum Infertility Camp Register Serial No. ...... at Page No.......

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| --- | --- | --- |
| **VLDA****GVH -----------------------****Distt. ......................** | **Veterinary Surgeon****GVH -----------------------****Distt. ......................** | **Veterinary Surgeon****GVH -----------------------** **Distt. ......................** |

Receipt – III

Expert Lecture – Progressive Farmer

Certification for delivering a lecture on ................................................in AHEAC on Dated --------------------------at Village -----------------------.

For Honorarium Account details are as follows:-

1. Name of the Bank

2. Branch

3. Account No.

4. IFSC Code

5. Mobile No.

Received Honorarium Rs. 500/- in cash.

 Sign

 Name

 Father’s Name

 VPO
 Tehsil

 Distt.

 Dated

*Attested & Verified by Veterinary Surgeon, GVH -----------------------, Distt. ......................*

It has been entered in RKVY Health Cum Infertility Camp Register Serial No. ...... at Page No.......

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| --- | --- | --- |
| **VLDA****GVH -----------------------****Distt. ......................** | **Veterinary Surgeon****GVH -----------------------****Distt. ......................** | **Veterinary Surgeon****GVH -----------------------** **Distt. ......................** |

Travelling Quotation No. 1

----------------------- to ----------------------------------------------*@ 200 x 20 = Rs. 4000*

*Attested & Verified by Veterinary Surgeon, GVH -----------------------, Distt. ......................*

Certified that

1. This bill has been presented for the first time.

2. The Items have been used only for Govt. Purpose.

3. Bill has been entered in RKVY Health Cum Infertility Camp Register Serial No. ...... at Page No.......

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| **VLDA****GVH -----------------------****Distt. ......................** | **Veterinary Surgeon****GVH -----------------------****Distt. ......................** | **Veterinary Surgeon****GVH -----------------------** **Distt. ......................** |

Travelling Quotation No. 2

----------------------- to ----------------------------------------------*@ 200 x 22 = Rs. 4400*

*Attested & Verified by Veterinary Surgeon, GVH -----------------------, Distt. ......................*

Certified that

1. This bill has been presented for the first time.

2. The Items have been used only for Govt. Purpose.

3. Bill has been entered in RKVY Health Cum Infertility Camp Register Serial No. ...... at Page No.......

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| --- | --- | --- |
| **VLDA****GVH -----------------------****Distt. ......................** | **Veterinary Surgeon****GVH -----------------------****Distt. ......................** | **Veterinary Surgeon****GVH -----------------------** **Distt. ......................** |

Travelling Quotation No. 3

----------------------- to ----------------------------------------------*@ 200 x 21 = Rs. 4200*

*Attested & Verified by Veterinary Surgeon, GVH -----------------------, Distt. ......................*

Certified that

1. This bill has been presented for the first time.

2. The Items have been used only for Govt. Purpose.

3. Bill has been entered in RKVY Health Cum Infertility Camp Register Serial No. ...... at Page No.......

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| --- | --- | --- |
| **VLDA****GVH -----------------------****Distt. ......................** | **Veterinary Surgeon****GVH -----------------------****Distt. ......................** | **Veterinary Surgeon****GVH -----------------------** **Distt. ......................** |

**COMPARATIVE STATEMENT**

of Quotations received for erecting TRAVELLING EXPENSES for exposure visit to farmers on dated -------------------in AHEA Camp

----------------------- to ----------------------------------------------

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr.****No.** | **Name of Firm** | **Amount Quoted** | **Remarks** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |

The rates quoted by Firm at Serial No. 1 are lowest at the market rate so quotation no. 1. is accepted.

|  |  |  |
| --- | --- | --- |
| **VLDA****GVH -----------------------****Distt. ......................** | **Veterinary Surgeon****GVH -----------------------****Distt. ......................** | **Veterinary Surgeon****GVH -----------------------** **Distt. ......................** |

Receipt –

izekf.kr fd;k tkrk gS fd eSa ------------------------------------------------- lqiq= Jh --------------------------------------------------------- xkao -------------------------------------- rglhy ----------------------------------- ftyk --------------------------------- gfj;k.kk dk jgus okyk gwWaA esjh xkM+h ua--------------------------------------------------------------------------------------------]------------------------------------ gSaA eSausa xkao -----------------------ds jktdh; i'kqfpfdRlky; ls --------------------------------------------------------- tkus ds 200 #i;s izfr O;fDr dqy jkf'k 10 x 200 = 2000 #i;s izkIr dj fy, gSaA

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1. Name of the Bank

2. Branch

3. Account No.

4. IFSC Code

5. Mobile No.

 Sign

 Name

 Father’s Name

 VPO
 Tehsil

 Distt.

 Dated

*Attested & Verified by Veterinary Surgeon, GVH -----------------------, Distt. ......................*

Certified that

1. This bill has been presented for the first time.

2. The Items have been used only for Govt. Purpose.

3. Bill has been entered in RKVY Health Cum Infertility Camp Register Serial No. ...... at Page No.......

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| **VLDA****GVH -----------------------****Distt. ......................** | **Veterinary Surgeon****GVH -----------------------****Distt. ......................** | **Veterinary Surgeon****GVH -----------------------** **Distt. ......................** |

Receipt – 2

izekf.kr fd;k tkrk gS fd eSa ------------------------------------------------- lqiq= Jh --------------------------------------------------------- xkao -------------------------------------- rglhy ----------------------------------- ftyk --------------------------------- gfj;k.kk dk jgus okyk gwWaA esjh xkM+h ua--------------------------------------------------------------------------------------------]------------------------------------ gSaA eSausa xkao -----------------------ds jktdh; i'kqfpfdRlky; ls --------------------------------------------------------- tkus ds 200 #i;s izfr O;fDr dqy jkf'k 10 x 200 = 2000 #i;s izkIr dj fy, gSaA

[kkrk fooj.k bl izdkj ls gS&

1. Name of the Bank

2. Branch

3. Account No.

4. IFSC Code

5. Mobile No.

 Sign

 Name

 Father’s Name

 VPO
 Tehsil

 Distt.

 Dated

*Attested & Verified by Veterinary Surgeon, GVH -----------------------, Distt. ......................*

Certified that

1. This bill has been presented for the first time.

2. The Items have been used only for Govt. Purpose.

3. Bill has been entered in RKVY Health Cum Infertility Camp Register Serial No. ...... at Page No.......

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| **VLDA****GVH -----------------------****Distt. ......................** | **Veterinary Surgeon****GVH -----------------------****Distt. ......................** | **Veterinary Surgeon****GVH -----------------------** **Distt. ......................** |