



DENTAL COUNCIL OF INDIA
NEW DELHI
Inspection Fee Claim Form/Bill

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|-----|--|-----------|
| 1. | Name (Name in Block Letter) | |
| 2. | Designation | |
| 3. | Level of Pay (For Government Employee only) | |
| 4. | Name of the Institution (Employed) | |
| 5. | PAN Number (Mandatory) | |
| 6. | Saving Account Number | |
| 7. | Bank Name | |
| 8. | IFS Code (Also to enclose a cancelled cheque) | |
| 9. | DCI Inspection Letter No. & Date (Also to enclose the copy) | |
| 10. | Name of the Dental College (Inspected) | |
| 11. | Date of Inspection | |
| 12. | Inspection Fee to be claimed | Rs.5000/- |

.....
Signature of Inspector

FOR OFFICE USE ONLY

Claimed Amount - Rs...../-

Less: - TDS - Rs...../-

Payable Amount - Rs...../-

Passed for payment for Rs...../- (Rupees)

.....)

Checked By

Account Officer

Auditor