

AUTHORITY FORM

NATIONAL INSTITUTE OF IMMUNOHAEMATOLOGY

PAREL, MUMBAI - 400 012.

Received Rs. _____ (Rupees _____
_____) pay / T.A./ Leave Salary / Pension for the month of _____
_____ from the office of the National Institute of Immunohaematology, Parel,
Mumbai 400 012.

Signature _____

Designation _____

Station _____

I authorize Shri / Mrs / Ms. _____
Office of the _____ to receive the
amount of Rs. _____ Rupee _____
on account of my pay / T.A./ Pension On behalf from the National Institute of
Immunohaematology, Parel, Mumbai - 400 012.

Signature _____

Date : _____

Designation _____

Station _____

Station _____

Life Certificate :

(to be produce for claiming only leave
Salary and should be signed by a
Gazette officer / Regd. Medical Practitioner)

Pay Rs. _____

Rupees _____

Certified that Shri / Mrs / Miss _____ is alive today

Signature _____

Designation _____

DEPUTY DIRECTOR/ DRAWING & D.D.O.

NATIONAL INSTITUTE OF IMMUNOHAEMATOLOGY

Received payment on behalf of

Shri / Mrs / Miss _____