

S2/ 16654/8

S2/ 16655/8

S2/ 16656/8

S2/ 16657/8

4 files

Reg. II OM 14, New 14, Reg. II OM 14, New 14-20,000 Nos. 1-7-77

ORIGINAL

also

No 843934

Receipt for fees and Documents.

Application No. 16654/8, 16655/8, 16656/8, 16657/8.

Received from

the undersigned document Filing

application No. and fees as under:-

Received a sum of Rs. 60/-

(Rs. 15/- for each doc) towards a declaration

for four docs from S. P. Ashok
Chakravasthi, of Soham Engg. Corpn
Hyderabad.

Memorandum

Hyderabad

Travelling allowance - - - - - Kilometers

Rs. 100/- (100/-)

Process fee

Rs. 100/- (100/-)

Basis and Terms of all claims to witnesses

Rs. 100/- (100/-)

Postage

Rs. 10/- (10/-)

Extra fee under Section 30 (1)

Rs. 100/- (100/-)

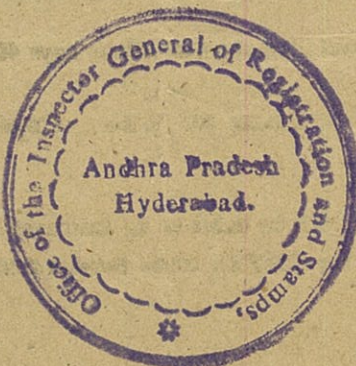
30 (1)

Rs. 100/- (100/-)

30 (2)

Filing Translation

Rs. 10/- (10/-)



M. Sathya Raju
Super 6/7/8

6/7/8

The document, when it is a will, will be liable to be destroyed at the end of two years if undisturbed.

For every fifteen days or part thereof after the first fifteen days of notice will be levied, subject to a maximum of £100. The fee is levied for each copy of a document for fifteen days after the date on which it is ready for delivery.

Signature of Agent or Officer
and date when received.

This document will be ready for delivery on the day of the month of the year.

Total

£

6/10

Date

MPI P-154 g-1-82/1000 Books

Perset 0.25p.

Municipal Corporation of Hyderabad

(Miscellaneous)

C.R.B.No. 7

525

(QUADRUPPLICATE

Serial No.

(Copy to the Party as Receipt)

198

CASH

TRANSFER

Date 1-5-52

Paid to the State Bank of Hyderabad for credit to Municipal Corporation of Hyderabad Account.

Bill No. & particulars	Date	Budget Head	Amount
			Rs. p.
8 Capital Revenue Bill Capital Expenditure C.F.		General Taxation	
		Transfer of Property	
		(b-3) Advertisement	
		Miscellaneous	
		(C) Deposits	5000-00
		Total Rs.	5000-00

Bank Receipt Stamp

Teller

Head Cashier

Cash

Transfer

Recorded in D.O.B. Register

Folio No. 1

Entered by

Accountant

Signature of the Receiver

Signature of the Officer

For the Municipal Corporation

For the State Bank of Hyderabad

For the State Bank of Hyderabad

For the State Bank of Hyderabad

For the State Bank of Hyderabad

For the State Bank of Hyderabad

For the State Bank of Hyderabad

For the State Bank of Hyderabad

For the State Bank of Hyderabad

MPI P-154 g-1-82/1000 Books

Persat 0.25p.

Municipal Corporation of Hyderabad

(Miscellaneous)

S.R.B.No. 7

575

(QUADRUPLICATE

Serial No.

(Copy to the Party as Receipt)

CASE

198

TRANSFER

Date 10-11-82

Paid to the State Bank of Hyderabad for credit to Municipal Corporation of Hyderabad Account.

Bill No. & particulars	Date	Budget Head	Amount
			Rs. p.
8 Capital Personal Bills C.F.		General Taxation	
		Transfer of Property	
		(b-3) Advertisement	
		Miscellaneous	
		(C) Deposits	5000-00
		Total Rs.	5000-00

Rs. 5000/-

Cash Receipt Stamp

Teller

Head Cashier
Cash

Transfer

Recorded in D.O.B. Register
Folio No. ()

Entered by

Accountant

Signature of the Receiver

Signature of the Officer



Telephone : ~~28791/264~~
28791/264

Kirtrim Ang Kunder,
Artificial Limb Centre,
Post Box No. 86
PUNE - 411001,

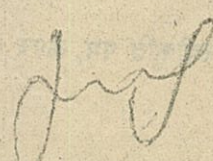
ALC/90112/FW/1226 / 2/81 / 1/010

Date / 7 Jul 81

Shri Central India Engineering Co.,
2153/5 Hill Street,
Ranigunj, M Secunderabad - 500 003.

Supply/Repair of Artificial Limb/~~Amputated~~ on payment in respect of
Your worker.

1. Reference your letter No. CI/GI/81-82/21 dt. 9 Jul 81.
2. Sanction is hereby accorded for the supply / ~~repair~~ of artificial limb / ~~Amputated~~ ON PAYMENT form Artificial Limb Centre Pune.
3. The approximate cost including accessories of Through Shoulder Prosthesis Rs. 750/- The charges for 10 - 12 Weeks hospital stay is Rs. 420/- at the rate of Rs. 5.00 per day. The total amount Rs. 1170/- is required to be deposited in advance by cash / Bank draft in the name of Commandant, Artificial Limb Centre, Pune at the time of taking up the case.
4. A period of about 10/12 weeks are required for the fitting and training in the use of prosthesis / ~~amputated~~.
5. No attendant is permitted to stay in this centre except in case of children below 5 years.
6. This centre is not responsible for (a) journey from home to the centre and back (b) transport at Pune station.
7. Please ~~report~~ / direct the Patient to report at this centre in Third week of Jul 82 ~~on~~ on any working day except Mondays and Central Govt holidays between 9 AM to 10 AM.
8. This sanction is valid up to the some specified date only.
9. The cost of limb and hospital charges has to be deposited only at the time of reporting in this Centre in the 3rd week of July 1982.


COMMANDANT

कमांडर



८. यह स्वीकृति पत्र, उपर दी हुई शर्तों पर जारी की जाती है।

शर्तों पर जारी की जाती है।

कमांडर

समाप्त है।

७. आप / आपकी सही साक्ष्यपूर्ण छवि तथा सोमवार को जोड़कर किसी भी कार्य को नहीं है। इसे सही तरीके से प्रबंध करना होगा।

६. कर्मचारी का केन्द्र पूर्ण से सही तरीके पर से आने तथा घर जाने की व्यवस्था केन्द्र कर्मचारी के द्वारा की जाएगी, एक महिला सहयोग कर रहे सकती है।

५. सही के साथ सहयोग की आवश्यकता से रहने की अनुमति नहीं है। केन्द्र ५ वर्ष से ४. केन्द्र से आगे प्रविष्टि तथा प्रविष्टि के लिए

समाप्त कर दिया जाता है।

पूरे के, मासिक, अथवा केन्द्र के साथ काम करना होगा।

४. कर्मचारी / सही उपकरण, जहाँ से सही के साथ कुलवर्ष करीब ५-०० रुपये से ५-०० रुपये तक अलग-अलग से रहने की व्यवस्था प्रविष्टि ५-०० रुपये से

३. कर्मचारी का केन्द्र पूर्ण से अनुमति पर शायद विकल्प उपकरण। कर्मचारी का पूर्ण प्रविष्टि। पूर्ण की मजूरी दी जाती है।

२. सही : - आपके पत्र प्रतिक

१. पूर्ण / सही - कर्मचारी का शायद विकल्प उपकरण - अनुमति पर

कर्मचारी का केन्द्र
पूर्ण - ४०००
पूर्ण - ४०००
पूर्ण - ४०००

१. ४००० १००० १०००

१००० १००० १०००