

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

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/-

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Signature of Inspector

FOR OFFICE USE ONLY

Claimed Amount - Rs...../-

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

Payable Amount - Rs...../-

Passed for payment for Rs...../- (Rupees
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Checked By

Account Officer

Auditor