## Approval For: PACKAGE PAYMENT SHIFTING

	ORIGINAL PAYMEN	T PACKAGE TITLE:
T	O BE SHIFTED TO PAYM	NENT PACKAGE TITLE:
Application No Date:		
INFORMATION BY CLIENT		
	,	
		Contact No
		Block/Sec
Documents to be submitted b	•	
	n letter copy	
	t letter	
III. NIC copy	<u> </u>	
FOR OFFICE USE ONLY		
ASSISTANT MANAGER COORDI	INATION:	
		Sign:
ACCOUNTS VERIFICATION  1. New package paymer	nt · Pc	
<ol> <li>New package payment</li> <li>Payment already done</li> </ol>		
3. Voucher No:		
4. Balance payment to be		
4. Baidhee paymeni 10 bi		
	Sign & Stamp:	
RECOMMENDATION		
CHIEF ARCHITECT:		
I. Since NOC not issued	d, payment title may b	e shifted as per policy.
		ot be shifted as per policy.
		Signature:
A DDD OVA I		orginatore.
APPROVAL		
D.G:		

