DEPARTMENT OF TOWN AND COUNTRY PLANNING

Payment Receipt

Applicant Name	:	SCHIEFFLIN INSTITUTE OF HEALTH	**Payment Generated**	:	25/11/2024
Application No	:	SWP/BPA/369635/2024	**Payment Completed**	:	25/11/2024
Fees Type	:	**Demand Fees**			
Receipt Number	:	20241125369635			
Transaction ID	:	11000253161552			

Demand Details:

S.No	Description	Amount
1	Construction of well	0.00
2	Compound wall	0.00
3	Inspection fees	2500.00
4	Construction workers welfare fund	38195.00
5	Building area	38317.00

Total Amount : 79012

Amount In Words : Rupees Seventy Nine Thousand Twelve Only

With Regards,
DTCP