

FORM B

Monthly abstract of cost of diet supplied to the patients in the Police Hospital during the month of.....

[Regulation 1034, 1180 and 1188]

1	2	3	4		5	6	7	8	9	10
Serial No.	Service book number	Name, Rank, pay	hospital Period in		Total number of days	Cost of Diet	Half pay of the patient for the period he was in hospital	Amount deductible from the pay of each patient.	Amount borne by the Government	Remarks
			From	To						

Certified to be correct
Sub-Assistant Surgeon.
Civil Surgeon

.....District

The19
Superintendent of Police