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Urban Primary Health Care Services Delivery Project Local Govt. Division, Ministry of LGRD&C (Money Receipt)



Partiership Area 51 PIU: DSCC NGO/CC: BAPSA SI 712628 Center Name CRHCC Client Name & Address (1977) 7: 4: 4: 426/4 Reg No. 508/ Type of Client: FF(HEC) / FF(P) / FF(NP) / PF / FP HEC No.: -Clinical Service Diagnostic Service Medicine Rate Subsidy Payable HB./. 80 H 80 801 Platenet Count WI BYE M/F 40+ S. billion 110/ Emergency Transport (Ambulance Service) **Due Payment** Original Receipt No. From To: Total Received Taka In Word: Due Paid Kakol Client's Signature Auth. Signature orm No. 401, Revision 2010.