

INDRAPRASTHA GAS LIMITED

(Form for Submission of bill against the CNG Kit Loan)
(To be filled-in duplicate and submitted to hr department with actual bills/ vouchers)

Name	Designa	ation
Emp. No. Grad	e Depart	ment
Entitlement	Date of Drawing Loa	an
Total Loan Sanctioned Amount Returned (if any) Details of CNG Kit purchase		xpenditure
Description of CNG Kit installation	Bill / Invoice No.	AMOUNT (Rs.)
Total		
certify that the CNG Kit as det	ailed above has been installed	d and are in use by me.
Date :		(Signature of Employee)
FOR USE OF HR DEPARTM	ENT (ENTRY IN RECORDS)	
Date :	•	ignature of HR Executive)
	Name : Designation :	