

**Department Development Fund GSMC and KEMH**

**EFFECTIVE FORM**

Date: \_\_\_\_\_

To

Secretary  
DDF

Department :

Project Name :

Name of Person Appointed :

Post :

Stipend :

Duration :

Sanction Date :  
(DDF Committee Meeting)

Effective for Month and Year:

Please Pay Crossed Cheque/Bearer Cheque:

HOD's Signature

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Voucher No:

Cheque No:

Date: