

**SETH GS MEDICAL COLLEGE & KEM HOSPITAL
DIAMOND JUBILEE SOCIETY TRUST**

DEBIT VOUCHER

Pay to _____

Date :

Account for _____

Particulars	Amount (Rs.)

Prepared by _____

Approved by _____

Receiver's Signature

**SETH GS MEDICAL COLLEGE & KEM HOSPITAL
DIAMOND JUBILEE SOCIETY TRUST**

DEBIT VOUCHER

Pay to _____

Date :

Account for _____

Particulars	Amount (Rs.)

Prepared by _____

Approved by _____

Receiver's Signature