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| **Abstract of Bills for Capital Expenditures incurred under Application Number–** **Applicant Name and address:** |
| **Details of Expenditure incurred (Capital cost only) for establishment of \_\_\_\_\_\_\_\_\_\_\_\_\_ project of unit size/ capacity (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)** **Total Capital cost of the Project\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Sr. No** | **Name of the Vendor** | **Particulars of Actual Capital expenditure of the project**  | **Invoice Number** | **Amount** | **Remarks** |
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| **Grand Total** |  |
| **In words: -** |
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| **Attested by State Nodal Officer (with Stamp)****State Animal Husbandry Department****Name of the State Nodal Officer** | **Signature of applicant****Name of the applicant:****Mobile no.:****Address-:** |