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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: -** | | | | | |
|  | |  | | | |
| **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-:** | | | |