

MADHYA PRADESH SECRETARIAT, BHOPAL

STATEMENT SHOWING MEDICINES PURCHASED FROM LOCAL MARKET

S. No.	Number & Date of Cash Memo	Name of Druggist or Chemist	Name of Medicine in Block Letters	Quantity	Amount	Duration of illness	Remarks
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

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Signature