Date:____/____/20__

**Advice for Deposit/Refund of EMD/SD**

| | |
|---|---|
| Name of Indenter | |
| Department | |
| NIT No. & Date | |
| Item Description | |

**Details of EMD / SD**

| S. No. | Name of Firm | EMD / SD Amount (₹) | Deposited in form (Cheque / DD/ TDR / BG) | Details | Remarks |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Finance and Accounts section is advised to deposit/refund the EMD / SD of above firms after verification of amount credited to Institute a/c.

| | | |
|---|---|---|
| **Dealing Asst.** | **Jr. Superintendent** | **S&P Officer** |

**For F&A use**

| **Verification** | | | | |
|---|---|---|---|---|
| **S. No.** | **Name of Firm** | **EMD / SD Amount (₹)** | **Bank Name and A/c No.** | **Date on which amount credited** |
| | | | | |
| | | | | |
| | | | | |

| **Passed for Payment ₹** | | |
|---|---|---|
| | | |
| **Dealing Asst.** | **Superintendent (F&A)** | **Deputy Registrar (F&A) / Finance Officer** |