Medical Department									
Sl.No			Date by which Payment Due	Remarks					
Nil									

Marin	e Department									
DC's Office- A1 Section										
SI.	Invoice No.	Date of	Amount	Date by which	Remarks					
No.		Invoice	invoiced Rs.	Payment Due						
1	NIL									
DC's O	DC's Office- A2 Section									
SI.	Invoice No.	Date of	Amount	Date by which	Remarks					
No.		Invoice	invoiced Rs.	Payment Due						
1	NIL									