

For DOIP Office Use

Checklist: **OK / Not OK**

No of days delayed for the submission of RA bill	
<p align="center">Checked</p> <p align="center">In-Charge TABC Cell</p>	<p align="center">Passed</p> <p>Note:</p> <p align="right">Officer-In-Charge</p>

Comments/Special instructions/Recommendations by ADPI, if any

_____ Date: ____/____/____
 (Signature of ADPI) (dd / mm / yyyy)

Comments/Special instructions/Recommendations by DOIP, if any

_____ Date: ____/____/____
 (Signature of DOIP) (dd / mm / yyyy)

Comments/Special instructions/Recommendations by DD, if any

_____ Date: ____/____/____
 (Signature of DD) (dd / mm / yyyy)

Comments/Special instructions/Recommendations by Director, if any

_____ Date: ____/____/____
 (Signature of Director) (dd / mm / yyyy)

Recorded	Sent for clarifications	vvv-mm-dd	Clarifications Received	vvv-mm-dd	Revision Recorded	Sent for further processing	vvv-mm-dd
----------	-------------------------	-----------	-------------------------	-----------	-------------------	-----------------------------	-----------