

**JAI PRAKASH NARAYAN APEX TRAUMA CENTRE**  
**ALL INDIA INSTITUTE OF MEDICAL SCIENCES**  
**RAJ NAGAR, NEW DELHI-110029**  
**DEPARTMENT OF RADIOLOGY**  
**(CHALLAN FORM)**

MRI

No. /TC/MRI No.

Date \_\_\_\_\_

Asstt. Cashier Account Deptt. Room No. 101 may please receive a sum of  
Rs. \_\_\_\_\_ (Rupees) \_\_\_\_\_

from Shri/Dr./Mrs./Ms. \_\_\_\_\_ Sex/Age \_\_\_\_\_

Clinical Dept./Unit \_\_\_\_\_ Ward/Bed No. \_\_\_\_\_ OPD/CR No. \_\_\_\_\_

on account of charges for MRI/Scan, Creditable to Sub-head "MRI Charges".

Officer Incharge Sec./Dep

R.No. \_\_\_\_\_ Dt. \_\_\_\_\_ for \_\_\_\_\_

Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_)

CASHIER