**GOVERNMENT OF PAKISTAN**

**MINISTRY OF NATIONAL HEALTH SERVICES REGULATION & COORDINATION**

**DRUG REGULATORY AUTHORITY OF PAKISTAN, ISLAMABAD.**

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**CRF RECEIPT VOUCHER**

|  |  |  |
| --- | --- | --- |
| **Voucher No.:** |  | **Date:** |

Name of the Firm. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registered as: Joint Stock Company/Pvt. Ltd, Company/AOP/Partnership/Sole Propriety

(Please Tick the Relevant)

DML Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Grant of DML \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last CRF Deposited Up to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Check Box**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Year  | Profit Taxation  | before  | CRF Paid  | Enclosures (Pls. Tick the relevant Box)  |
| Challan #  | P&Ls  | I.T.A.O.  |
|   |   |  |   |   |   |   |
|   |   |  |   |   |   |   |

**Deposit Detail (For CRF F.R. Purpose)**

|  |  |  |
| --- | --- | --- |
| **Account Code**  | **Description**  | **Amount**  |
| 60  | 701  | ABL CRF (AC # 0010008463700024)  |   |
| 60  | 701  | NBP CRF (AC # 16681-8)  |   |

# Amount In Words:

# Prepared By Checked/Approved By Audited & Posted By

Accounts Assistant Assistant Director / AO Assistant Director (IA&CRF-FR)