**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)