

STATEMENT OF FINANCIAL DISBURSEMENT

FOR THE MONTH OF **JANUARY** 20**17**

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Name of the Beneficiary	NAME	Date
Address	ADDRESS	Date
Phone No.	PHONE NO.	Date
Number of children	4	
Number of children	4	
Number of children	4	
Number of children	4	
Number of children	4	
Number of children	4	
Number of children	4	
Number of children	4	

Sl.	POLICE STATION	PERIOD		NAME OF THE POLICE STATION
		FROM	TO	
1	WA	01/01/2017	31/01/2017	
2	JEC	01/01/2017	31/01/2017	
3	ME	01/01/2017	31/01/2017	
4	DEL	01/01/2017	31/01/2017	
5	ME	01/01/2017	31/01/2017	
6	DEL	01/01/2017	31/01/2017	
7	ME	01/01/2017	31/01/2017	
8	ME	01/01/2017	31/01/2017	
9	ME	01/01/2017	31/01/2017	
10	ME	01/01/2017	31/01/2017	
11	ME	01/01/2017	31/01/2017	
12	ME	01/01/2017	31/01/2017	
		31/01/2017	31/01/2017	

I hereby certify that the above statement is true and correct.

Signature of the Beneficiary

Date