

CHIEF MINISTER'S RELIEF FUND

District

Monthly report on disposal of C.M.R.F. applications (for the month of / 200...)

Sl. No.	Name / address of the applicant	Annual income	Purpose for which applied	Amount of medical estimate	Amount sanctioned	Date of sanction	Date of release	Mode of release (directly / through hospital)	Date of rejection, if any	Reason of rejection	Remarks
1	2	3	4	5	6	7	8	9	10	11	12

Funds available at the beginning of the month

Amount spent during the month

Balance available at the end of the month

Signature of the Collector