

Statement on fund disbursed to SHG from VO/CLF

Block: **VO/CLF Name:** **VO/CLF Code:** **Month:**

Date of Disbursement	Fund Type¹	GP Name	Village Name	Name of SHG/VO	SHG/VO Code	Mode of Payment²	SB Account No	Released Amount	Payment Reference Number

¹ RF/CIF /Start-up/Institution Building/Livelihoods/Training & CB/Other.

² RTGS/NEFT/ Cheque/DD/Cash/Other

Signature of VO/CLF Book Keeper

Signature of VO/CLF Leader