



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 before Taxation	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**  
Accounts Assistant

\_\_\_\_\_  
**Checked/Approved By**  
Assistant Director / AO

\_\_\_\_\_  
**Audited & Posted By**  
Assistant Director (IA&CRF-FR)