Himachal Pradesh University, Shimla-5

BILL FORM FOR CLAIMING SRF/JRF/SCHOLARSHIP/FINANCIAL ASSISTANCE ETC.

Voucher No..... Bill No.....

HEAD OF ACCOUNT :

Part-I Non Plan, 7-Fellowships and Scholarship etc. for students

A-Fellowships,

B-Scholarship

1. Name of SRF/JRF/Scholarship holder.....
2. Name of granting Institution UGC/CSIR/HPU.....
3. Department.....
4. Period/Month .....
5. Sanction letter No. and date.....
   of the Organisation concerned.....
   Received for the period/month.....

	MONTH	RATE	AMOUNT
I. SRF/JRF/Scholarship/ Financial Assistance To TEACHERS MISC. FELLOWSHIP			
II. Contingency if any			

TOTAL RS.....(RUPEES.....)

CERTIFICATES

Certified that the amount claimed in this bill has been/will be utilized for the purpose for which it was sanctioned and in accordance with the terms and conditions for UGC/CSIR/HPU Fellowshis, Research Fellowship anc Scholarship grants.

Certified that.....has joined as Senior/Junior Research Fel'owship/Scholar-ship.....

Certified that the work and conduct of claiment of this bill has been satisfactory during the period for which this claim has been made.

Also certified that the fellowship/scholarship holder had been regular in attendance during the period of the claim.

Received Rs ..... (Rupees.....

Signature of Supervisor

Signature of claiment

Address .....

.....

Signature of Head of the Deptt.

Office Seal

.....

(FOR USE IN THE FINANCE WING)

Passed for payment of Rs.....

Entered in Register No.....Page No.....

Dealing Assett. S.O. (A/C-II) A.R. (A/C) Finance Officer