



DIBRUGARH UNIVERSITY
BILL FOR DIBRUGARH UNIVERSITY RESEARCH FELLOWSHIP

Name : Department/Centre of Studies

Ref. No. of award letter: Date

Particulars of claim / period for which the amount is claimed	Amount		Remarks
	Rs.	Paise	

(Rupees :) only

Account No

Full Signature

Certified that:

1. The amount claimed in this bill was not drawn previously.
2. The accounts for the advance of Rs..... drawn by me on have already been submitted/ will be submitted within.....

Full Signature

Date:

CERTIFICATE FROM SUPERVISOR

Certified that the Research Scholar attended the Department/Centre regularly during the period relevant to this bill and his/ her progress and conduct have been satisfactory. The bill may be paid.

Signature of the Supervisor
Seal and Date:

FOR OFFICE USE

Checked and

Passed for payment ofRs.....Less deduction as per enclosed list
Rs.....

Net amount payable.....Rs..... (Rupees.....) only.

Dealing Asstt.

S.S. / S.O.

Deputy Registrar (Acad.)