INDIAN INSTITUTE OF TECHNOLOGY, ROORKEE

**BILL PROFORMA FOR STUDENTS ASSISTANTSHIP**

1. Enrollment No. : ------------------------------------ Department ------------------------------
2. Name :
3. Project No. :
4. Name of P.I. :
5. Bank Name :
6. Bank Account No. : ---------------------------------------------**IFSC code**-----------------------
7. E-Mail I.D. :
8. Mobile No. :
9. PAN No. :

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Particular Position** | **Duration (Month)** | **Rate (Rs.)** | **Amount Claimed (Rs.)** | 1. Completion of work assigned to him/her   …………………………………………   1. Verified and passed for payment. 2. Certified the payment is actually due and being made for the first time. 3. It is also confirm that the claimant has not been on an authorized absence during the period of above claims.   Principal H.O.D Investigator Investigator |
| UG/PG/Ph.D.  student(s)/ Post Doc Fellow(s) |  |  |  |
| Total Rs. | | |  |
| (Rupees  only)  **Revenue Stamp**  Signature of the claimant (with date) | | | |