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.)	
UG/PG/Ph.D. student(s)/ Post Doc Fellow(s)				1. Completion of work assigned to him/her ……………………………………………
Total Rs.				2. Verified and passed for payment.
(Rupees--- --only)				3. Certified the payment is actually due and being made for the first time.
				4. It is also confirm that the claimant has not been on an authorized absence during the period of above claims.

Revenue Stamp

Signature of the claimant (with date)

Principal Investigator   H.O.D   Investigator

Note: Please fill all information.