



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.	P.	

(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 onhave 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 payableRs.....

(Rupees.....) only.

Dealing Assistant

S.S. / S.O.

Deputy Registrar (Acad.)