

**BILL PROFORMA**

1. Name : .....
2. Project Title : .....
3. Project No. : .....
4. Name of P.I. : .....
5. Department : .....

Particular position	Duration	Rate	Amount claimed
Project Assistant (Tech./Admn.)/Project Attendant/Student Assistantship			
H.R.A. @ 10% OR Entitlement (if applicable)			
<b>Total Rs.</b>			
(Rupees ..... ..... only)			
<div style="border: 1px solid black; width: 100px; height: 80px; margin: 10px 0;">             Revenue stamp           </div> <div style="text-align: center; margin-top: 20px;">             Signature of the claimant (with date)           </div>			

Principal Investigator

H.O.D.

1. Completion of work assigned to him/her.  
.....
2. Verified and passed for payment.
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 un authorized absence during the period of above claims.