

KERALA UNIVERSITY OF HEALTH SCIENCES

Medical College PO., Thrissur – 680596

www.kuhs.ac.in

REMUNERATION BILL

1. Name:

2. Designation:..... Email

3. Name of the College :

4. Nature of work done :

Place of duty with Name of Institution :

5. Postal address to which cheque has to be sent :

.....PIN.....

Telephone :Office. Resi..... Mobile.....

Name of Bank& Branch.....

Account No.....IFS Code :.....PAN.....

Sl. No.	Name of work done	Session	Quantum of work done	Rate of Remuneration	Amount
1.	Paper setting / Scrutiny				
2.	Paper Valuation				
3.	Dissertation Valuation				
4.	Observer/Squad Remuneration				
5.	Others.....				
Total					

Grand Total (in words)

Stamp &

I certify that the amount claimed in this bill has not been drawn /paid in any of the previous bills.

Signature

Place:

Date :

Countersigned for Rs.....(Rupees.....only)

Chairman

Principal

Controller of Examinations

For Finance Section Use		Amount
Passed for Rs.....adjustment for Rs.....		
Cheque Rs.....in words		
.....Cheque No.....Date.....		
Assistant	SO/AR/DR (Finance)	FO

Note: A revenue stamp of Rupee 1/- shall be affixed to the bill when the payment exceeds Rs.5000/-