

Guru Ravidas Ayurved University
Hoshiarpur

REMUNERATION BILL

Note : All Columns should be filled in clearly and completely for making payments.

Name: _____ College Address _____
Designation: _____
Department: _____
Scale of Pay(Gross Salary) _____ Residential _____
Examination _____ Year _____
Subject: _____ Paper: _____

Centre: _____

Nature of Assignment	No. of Units/candidates	Amount

Total _____

Countersigned with seal

Signature of the claimant: _____

(Principal)

For Office Use only:
Conduct/Secrecy Branch:
Examined the Claim (as above)

May be sent to the Accounts Branch for further necessary action.

Superintendent (Conduct/Secrecy)

For use in Accounts Branch:

Passed for payment of Rs. _____

Superintendent (Accounts)