

Technical Education Quality Improvement Program (TEQIP) - Phase-II  
**UNIVERSITY OF CALCUTTA**

Bill for SRA/JRA/TA

**Name** :

**Department** :

**Position** :  SRA  JRA  TA

**Supervisor** :  
( for SRA and JRA only)

**Bill period** : Month : \_\_\_\_\_ Year: 20 \_\_\_\_\_

**Bank a/c no** : 

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**Signature** : \_\_\_\_\_ **Date:** \_\_\_\_\_

*We endorse that this researcher / student has regularly attended to his/her research and/or assignments during the one month period mentioned above.*

\_\_\_\_\_  
*Signature of Supervisor*

\_\_\_\_\_  
*Date*

*Official Stamp*

\_\_\_\_\_  
*Signature of HOD*

\_\_\_\_\_  
*Date*

*Official Stamp*

*Space for office use only:*

Comments:

Checked, verified and credited to bank on \_\_\_\_\_.

Received from \_\_\_\_\_ bill for SRA/JRA/TA for the month of \_\_\_\_\_  
20\_\_\_\_.

Signature of receiving authority \_\_\_\_\_ Date \_\_\_\_\_