

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 _____