

MADHYA PRADESH MEDICAL SCIENCE UNIVERSITY, JABALPUR (M.P.)

BILL FOR DRAWING REMUNERATION

Name :-

Post:-

Address :

College/Institute Name:-.....

A/C No:-..... Bank Name :-.....

IFSC Code:-..... Pan No:-.....

Name of Exam:-..... Centre Name :

S.No.	work	Rate	No	Amount	Remark
1					
2					
Gross Total					
Less TDS 10%					
Net Amount Rs.					
Amount Rs. in Word.....					

VERIFING OFFICER

Signature

Certified that the particulars given above are correct

The Sum of Rs..... (In word).....
.....may be paid

Exam Controller

Asstt/Deputy Registrar

Received Rs..... (In word).....
..... only in cash

Paid Rs.....in cash

**Signature of
Dealing Clerk**

**Signature
Received payment in cash**

