KERALA UNIVERSITY OF HEALTH SCIENCES

Medical College PO., Thrissur – 680596

www.kuhs.ac.in

REMUNERATION BILL

Name: .....FEP ID.....

Designation:..... Email .....

Name of the College/Institution : .....

Nature of work done : .....

Place of duty with Name of Institution :.....

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	DETAILS OF THE MEETING		
	DATE	NAME OF THE MEETINGS	DURATION
1			
2			
3			
	TOTAL REMUNERATION		

Grand Total (in words).....

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

Stamp & Signature

Place: .....

Date : .....

(For Office Use)

CERTIFICATE

This is to certify that Dr./Mr./Mrs./Ms./ .....

has attendend the .....meeting/class on...../...../.....

Officer in Charge

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

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