



ISLAMIC UNIVERSITY OF SCIENCE & TECHNOLOGY AWANTIPORA, KASHMIR

(To be filled by the candidate and submitted to the office of the Department/Centre/Section on or before 26th of each month and the same completed in all respects should reach to office of Hon'ble Vice Chancellor latest by 29th of each month.)

BILL FORM FOR Ph.D scholars for availing monthly fellowship

1.	Name of the scholar with registration number:
2.	Title of the thesis:
3.	Date of registration:
4.	Department/Centre/School:
5.	Fellowship(p/m):
6.	Period for which payment is due :
7.	Total amount to be paid:
8.	Bank account No with Branch:
9.	Affix Revenue Stamp Rs 2/- Signature of scholar with name
10.	I solemnly declare that the scholar mentioned above worked in accordance with rules and regulations governing the academic programme during the period of claim. I also declare that the scholar has put in required attendance during the period. Signature of Supervisor Signature of HOD
11.	Remarks of Dean of School:
12.	Decision of HVC
13.	Released an amount of rupees _____ in favour of _____ on _____ on account of research fellowship. JA/SA/HA/SO (Finance Section) AFO/DFO
14.	Dean of the School