



ISLAMIC UNIVERSITY OF SCIENCE & TECHNOLOGY  
AWANTIPORA KASHMIR

**BILL FORM**

(For monthly scholarship of Ph.D. scholar's)

Name of the Scholar:		
Email Id:	Contact No.	
Date of Joining/Registration:		
Registration Number:		
Department /Centre/School:		
Fellowship for the month of:		
Total amount claimed:		
Bank Details: Account number(16 digit) _____ Bank _____		
It is certified that I have not received any Scholarship/Fellowship/Salary/Honorarium during the above stated period from any source.		
Dated _____ -		Signature of the Scholar
Forwarded with the remarks that the above-mentioned Scholar has been working in accordance with rules and regulations governing the Ph.D. Programme. As per records the particulars of attendance of the scholar for the month under reference are as under: (i) Days Absent _____		
Dated _____	Signature of Supervisor	Seal and Signature of the HOD
Remarks of Dean of the School:		
Dated _____		Seal and Signature
Dean Research		

Note: Bill form completed in all respects shall reach Office of the Dean Research by or before 7<sup>th</sup> of the following month through concerned Department/ Centre.