



ISLAMIC UNIVERSITY OF SCIENCE & TECHNOLOGY
AWANTIPORA KASHMIR

BILL FORM

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

Name of the Scholar:
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 Signature of the HOD
Remarks of Dean of the School: Dated _____ Signature
Dean Academic Affairs

Note: Bill Form must be submitted in the office of the Dean Academic Affairs by 30th of each month through concerned Department/ Centre.