

DIRECTORATE OF PHYSICAL EDUCATION & SPORTS, UNIVERSITY OF KASHMIR**BILL REMUNERATION ON ACCOUNT OF**

❖ Writing of Scripts ❖ Reviewing / Revision /Editing of Scripts ❖ Delivering of Lectures ❖ Programme Co-ordinator ❖ Supervision for Practice of Teaching ❖ Composing/Typing Charges	❖ Clerical Assistance ❖ Orderly / Sweeper ❖ Igniting of Stove ❖ Extension Lecture ❖ _____	
i. Name	ii. Designation	
iii. Cell No.	iv. PAN	
v. 16 Digit Bank A/C No.		
vi. Bank & Branch along with IFSC Code		
vii. E.mail Address		
viii. Assignments allotted	ix. Assignments Completed:	
x. Programme Name:	xi. Batch:	xii. Semester:
xiii Name of Centre / School(Venue)		
xiv. Dates:		
xv. Rate of Remuneration per assignment Rs.	xvi. Total Amount claimed Rs.	
xvii. No. and Date of assignment letter:		
xviii. Certified that the work has been done outside the office hours		
Dated _____ Bill receipt stamp worth Rs. 2/- should be affixed here if the payment exceeds Rs. 20/-	Counter Signed by Officer Incharge (with stamp / name)	Signature _____ Name _____ Address _____

FOR USE IN THE OFFICE OF THE DIRECTORATE OF PHYSICAL EDUCATION & SPORTS

The bill has been entered on page _____ at S.No. _____ duly verified .

The claimant is entitled for Rs. _____ on account of _____

The teacher is eligible for the assignment of _____
and his / her payment of Rs. _____ is recommended.**Dealing Assistant**

Forwarded in original to Accounts Section, duly verified above for payment.

Sr. Asstt/Head Asstt.**S.O.****Asstt. Registrar (Academics)****Director****FOR USE IN THE ACCOUNTS SECTION OF DIRECTORATE OF PHYSICAL EDUCATION & SPORTS**

Passed for Rs. _____ Rupees _____ by debit to _____

Accountant**S.O.****Asstt. Registrar (Accounts)****Director**

Paid by cheque No. _____ dated _____ Rs. _____

Cashier

IN CASE OF ANY ERROR FOUND ABOVE IN THE DETAILS GIVEN BY THE CONCERNED ARE RESPONSIBLE FOR HIMSELF/HERSELF FOR THE PAYMENT.

Signature of Resource Person