

**Central University of Haryana
University Consultancy Cell**

CLAIM FORM

Name of Consultant/Faculty/Staff.....

Employer Id.....

Department.....

Bank Account no.....Bank Name:IFSC Code:.....

Claim Period: Fromto.....

Please consider my claim of Rs..... from Consultancy Head. The details are given as under

| S. No. | Project Id | Total amount received (Rs.) | GST received (Rs.) | University Share (Rs.) | UCC Share (Rs.) | Consultant Share (Rs.) | Fee deposited in the Bank Account" 78240001000 34052" (Yes/No) | GST No. of the Client's Department | Name of the Client's Department |
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I hereby declare that the above information is true and correct to the best of my knowledge and belief. The above mentioned projects with Sr. No..... to..... have been completed and reports have been issued to the client.

Date:

Consultant Signature

University Consultancy Cell