CENTRAL UNIVERSITY OF HARYANA

FORMAT FOR CONTINGENCY BILL FOR: JRF/SRF/NON NET (Tick whichever is applicable)

Name of the Scholar: _____Programme_____Dept. _____
Contact No. _____ Period of Claim _____

Sr.No.	Details of expenditure is given below	Amount (Rs.)
	(Rupees _____ **Total**	

It is certified that the detailed mentioned above are verified and correct and is forwarded for necessary payment action.

Signature of Scholar **Supervisor** **Head of the Department (with Seal)**

Name of the PNB Bank with full address: CUH Campus. Village Jant, Mahendergarh, Haryana-123029
A/c No. _____

FOR THE USE OF FINANCE BRANCH

Pay to _____Budget Head, _____

Passed for Rs._____-(Rupees _____)

Dealing Asstt. **SO** **Finance Officer** **Registrar**

Cheque No. _____dt. _____ Amount_____

Cheque signing Officer