



# UTTARAKHAND AYURVED UNIVERSITY

HARAWALA, DEHRADUN

## REMUNERATION FORM

Name (In block Letters).....

Bank Name.....City .....

Account Number.....IFSC CODE .....

(In Rs)

S.No	Name of Work/duties assigned & executed with details	Approved Rate	Total Amount
			<b>Total</b>

(In Words Rs.....)

Received Payment

Singnature.....

Name.....

Designation.....

Address.....

.....

Certified that Mr/Ms..... was  
Assigned the duties of .....for the duration from  
.....to.....He is entitled for the  
remuneration @ Rs.....per day as per the claim submitted above

Registrar

FOR OFFICE USE ONLY

1. Total remuneration claimed Rs.....
2. Passed for payment of Rs.....
3. Paid by RTGS/NEFT/ Cheque No.....

.....  
(Accountant)

.....  
(Account Officer)