UNIVERSITY OF MYSORE

**NSS PROGRAMME OFFICERS OUT OF POCKET – ALLOWANCE BILL**

|  |  |  |
| --- | --- | --- |
| *Ref : NSS Programme Officers appointment order no :*  **UOM / NSS / APPT- / / Dated:** | | |
| 1. | NAME OF THE PROGRAMME OFFICER  NSS (In Capital Letters) |  |
| 2. | NAME AND ADDRESS  OF THE COLLEGE |  |
| 3. | RATE OF ALLOWANCE PER MONTH |  |
| 4. | 1. MENTION DUTY REPORT DATE 2. ALLOWANCE CLAIMED   FOR THE DURATION | Duty Report date:  from to |
| 5. | TOTAL AMOUNT CLAIMED | `. /-  ( **Rupees** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . **only** ) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Programme Officer Bank Account Information | | | | |
| **Name and address**  **of the payee** | **Name of the**  **Bank** | **Branch**  **Name** | **A/c No.** | **IFSC**  **Code** |
|  | State Bank of India |  |  |  |

Signature of the

**Programme Officer, NSS**

With Seal

1. Certified that the amount claimed on this bill has not claimed on any of the previous bill.
2. Certified that the NSS Work at College was Satisfactory during the Preceding Half Year.
3. Certified that the Progress Report for the corresponding half-yearly report is already submitted to University.
4. **Certified that the amount claimed on this bill on the basis of the University of Mysore order:**

**ªÉÄÊ««\gÁ¸ÉÃAiÉÆÃ\gÁC¨sÀ\729\2005-06 ¢£ÁAPÀ: 16-03-2006**

Date: **Signature of the Principal**

Place:  **with Seal**

1. Certified that it is verified that the amount claimed on this bill has not been admitted on any previous bills.
2. Countersigned for `. \_ \_ \_ \_ \_ \_ \_ (` \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ only )