

Annexure-4

COLLEGE OF VETERINARY & ANIMAL SCIENCE, BIKANER

Nam\* of the Department

Bill NO Month of Scholarship

SANCTION NO

Date

SN	Nam end Clan of the student	Amount of scholarship fellowship	Period		Deduction		NET AMOUNT	Saving bank Account no. of the student	Signature of the student are pre- receipt
			FROM	TO	FROM	TO			

• Certificate: The amount claimed in this bill has not been claimed previously. The Fellowship/Scholarship for the period from ..... to.....has been claimed for the entire period for which it is admissible.

Signature and seal of the Head of the Department