

BHARATHIAR UNIVERSITY, COIMBATORE – 641 046

SALARY CLAIM BILL FOR THE PERIOD FROM _____ TO _____

Name of the Office/Department:

Ref. No. :

Sl. No.	Emp. No., Name & Designation	Saving Bank Account No.	Gross Salary ₹	Period of Duty		Leave availed other than CL	No. of Days worked	Extension Order Proceedings No. & Date	Details of Break in service		Deduction if any ₹	Present month salary ₹	Signature
				From	To				From	To			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
1.													
2.													
3.													
4.													
5.													

Certified that the particulars furnished in Columns (1) to (14) above have been duly verified and found to be correct.

SIGNATURE OF THE HEAD OF THE OFFICE/DEPARTMENT

REGISTRAR