

Banda University of Agriculture and Technology, Banda

Ph.D. Scholarship Bill

Name of the students:	ID. No.
Department:	College:
Scholarship Scheme:	Sanction Letter No.: Date:
Period: from _____ to _____	

Particulars	Total Amount
Scholarship @Rs. _____ per month for the period of _____ months _____ days	
Amount (in words):	

Account Details:

Account No.	
Name of the Bank	
Branch	
IFSC Code	
MICR Code	

Date:

Signature of student

Name:

Singature of Major Advisor:

Forwarded by Head of the Department

Forwarded by Dean