**BENGALURU CITY UNIVERSITY(BCU) NSS Cell**

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

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| *Ref : NSS Programme Officers appointment order no :* **BCU / NSS / APPT- / / Dated:** |
| 1. | NAME OF THE PROGRAMME OFFICERNSS (In Capital Letters) |  |
| 2. | NAME AND ADDRESS OF THE COLLEGE |  |
| 3. | RATE OF ALLOWANCE PER MONTH | Rs. 400X \_\_\_\_\_ MonthsTotal Rs.  |
| 4. | 1. MENTION DUTY REPORT DATE
2. ALLOWANCE CLAIMED

 FOR THE DURATION  | Duty Report date:from to |
| 5. | TOTAL AMOUNT CLAIMED | Rs. /-( **Rupees** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . **only** ) |

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| NSS Programme Officer Bank Account Details |
| **Name and address****of the payee** | **Name of the** **Bank** | **Branch** **Name** | **A/c No.** | **A/C Holder Name** | **IFSC** **Code** |
|  |  |  |  |  |  |

Date: Signature of the

**Place: NSS Programme Officer,**

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 Yearly/half-yearly report is already submitted to University.
4. Certified that the amount claimed on this bill on the basis of the Bengaluru City University order:

Order No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 )

NSS Programme Coordinator

Bengaluru City University, Bengaluru