

Accounts X Sn.

UNIVERSITY OF KERALA
FORM OF BILL FOR PAYMENT OF FBS/GWS/EBFS

Voucher No.....

Date.....

Bill for withdrawing money from the FBS/GWS/EBFS of University Employees

Sri/Smt.

(Designation and Office)

Name and Residential Address of Subscriber	Account No.	Number & Date of Sanction/ Sanctioning Authority	Final Advance/ Other Withdrawals

Rupees in words

Stamp

Space for classification

Pay Rs.

(Rupees only)

S.O.

A. R. (ACCOUNTS)

D. R.

J.R.

PAID CHEQUE No.

ASSISTANT REGISTRAR

FINANCE OFFICER

DATA SHEET

Name of the beneficiary (as appearing in the bank account)	
Designation & Official Address	
Mobile Number (Mandatory)	
Name of Bank/ TSB & Branch Name	
Account Number (Mandatory)	
IFS Code (Mandatory)	
E-mail	
Employee ID (if any)	
Remarks (if any)	

(One Data Sheet is must for one beneficiary.)

Certified that the above entries are correct and true to the best of my knowledge and belief.

Signature of the beneficiary

.....

Verification

Seal

Name & Signature of the
Authorised Person

- * if the mandatory fields are not filled properly, the bill will be objected.
- * TSB - Treasury Saving Bank
- * Beneficiary must be an account holder of any nationalised bank or TSB