मोलाना आज़ाद नेशनल उर्दू यूनिवर्सिटी مولانا آزاد प्रां हे गुल्ले हे गुनिवर्सिटी

MAULANA AZAD NATIONAL URDU UNIVERSITY

(A central university established by an Act of Parliament) Hyderabad - 500 032

Dr. K.P. Singh Finance Officer Phone : 040-23000084 Fax : 040-23008379

E-mail: fo@manuu.ac.in

By E-Mail

No. MANUU/F&A/Policy/2017-18/567

22.12.2017

CIRCULAR

The format of the bills for direct payments and availing / settlement of advance have been revised by the F&A office with the approval of the competent authority. Copies of the revised format of the bills are attached herewith. The revised format of the bills will be effective from 01.01.2018 and the Drawer(s) of the bill(s) will be required to fill all columns given in the bill. Incomplete bill(s), in any form, will not be accepted by the F&A.

(K.P. Singh)

To

- 1) All Deans / Directors / HoDs / Section Heads
- 2) All Heads of the Institutions / Offices (Satellite Campuses)
- 3) Joint Director, CIT for uploading on university website, please.

Copy to: 1) Secretary to Hon'ble Vice Chancellor

- 2) Pro-Vice Chancellor
- 3) Registrar

मोलावा आज़ाद वेशवल उर्दू यूविवर्सिटी र्व्हा यूविवर्सिटी अल्पार वेशवल उर्दू यूविवर्सिटी अल्पार प्राप्त अल्पार केशवल अर्दू यूविवर्सिटी अल्पार प्राप्त अल्पार केशवल अर्दू यूविवर्सिटी



BILL FOR DIRECT PAYMENT BY FINANCE &ACCOUNTS OFFICE

(A Central University established by an Act of Parliament in 1998) (Accredited "A" Grade by NAAC)

School / Dept. / Office												В	Budget Allocation Rs.																					
													inancial Year																					
Minor Budget Head															alue of bills already sent to e F&A									Rs.										
Name of the Recipient Bal													Bala	lance of the Allocation								1	Rs.											
Val													alu	ue of Bills in hand									Rs.											
Date	Date Particulars														Amount														em	narks				
Total Rs.															R	S.							ŀ	Ps .										
															_								_				_		_					
Account Number							\perp								_				_												Ļ			
Name of the Account Holder / Firm / Agency																																		
Bank Name																												V			_			
Branch Name						_									_																			
IFS Code																																		
Certified that artic Approval of the Rs	he i	rece ount	ipts has	/voi	ithorit uchers been er cha	y for are paid rges	attest earlie	e art	the the d in	e See rece the I	orks ction eipts/ bill h ersity	He/vou	ered ad. ucher beer	rs ar	der e att	this	ed in	n ori	gina	ıl.		otair										for		
								(Cot	unt	er S	igr	iatu	ıre														ne B						
Name & Seal :																			1	Designation Date:														
Bill passed for Rs						. 20	r th							Ac	cou	ints	O	fiic	e o	nly)													
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Dealing Asst.

S.O.

A.R. / ARD

D.R. / R.D

FINANCE OFFICER

मोलाना आज़ाद नेशनल उर्दू यूनिवर्सिटी

مولانا آزاد نیشتل اُر دویو نیورسی

MAULANA AZAD NATIONAL URDU UNIVERSITY

(A Central University established by an Act of Parliament in 1998) (Accredited "A" Grade by NAAC)

BILL FOR ADVANCE PAYMENT / SETTLEMENT BY FINANCE &ACCOUNTS OFFICE

Advance / Settlement

School / Dept. / Office									Budget Allocation Rs.																	
Major Budget Hea	ıd								Financial Year																	
Minor Budget Head Name of the Recipient									Value of bills already sent to the F&A								₹s.									
									Balance of the Allocation R																	
		Value of Bills in h									ind			Rs.												
Date		-		Part	tieula	ars			1					Am	oun	t		Remarks								
Date	A	YELVA	anc		Rs						Ps		1	***				_								
Total Rs.																										
Total Advance Drawn				Cheque No.						ate	Expenditure Incurr					red Clair					Refund, if any (Amount with Date)					
Account Number			T	T				_		T	+			T			T			T						
Name of the Account Holder / Firm / Agency																										
Bank Name																	-					-	+	+		
Branch Name																										
IFS Code																										
 Certified th Approval of Rs Certified th Certified th Certified th Certified th 	at all the rat the amo	receipts	nt auth s /vouc as not b d other	hers ar een pa charge	for the attestid earlies men	sted by ier all tioned	the S the re	ection eceipt bill	n Heas/vou	ered u ad. chers a	nder are atta	ached	in or	igina	1.	obtair										
Counter Signature									Drawer of the Bill																	
						eal:							Name :													
																	D	Joigi	iasi01							
																Date:										
				(I	for t	he us	e of	Fina	ance	& A	ccou	nts (Ofiio	ce o	nly)											
Bill passed for Rs																										