ANNEXURE B PAYMENT FORM

Central Sophisticated Instrumentation Facility (CSIF)
Birla Institute of Technology & Science, Pilani – K. K. Birla Goa Campus
NH-17B Zuari Nagar – 403726, GOA, INDIA
FOR ALL SAMPLES (INTERNAL / USERS)

USER INFORMATION (INTERNAL USERS)

User Na	ame:			
Department:		.Contact Phone/Mo	bile No:	
Contac	t Email Address:			
Unique	ID (UIN):			
S.No.	Nature of Analysis*	Rate	Number of samples	Total
	GST (@	 n18%)		
TOTAL				
*This may be taken from the Table associated with charges for respective analysis				
Payment Mode (Please tick mark √) 1. Funded Project □ 2. Pl/Department Development fund □ 3. Professional allowance □ 4. PhD				
Contingency fund □				
5. Demand Draft (DD) or Bank transfer through SBI i-Collect facility (Enclose transaction advice):				
In case of 1 and 2, mention title of project and budget head as appropriate / for DD, provide DD details				
User with date Supervisor / (for students & non-tenu		ire track faculty)	Operator	Accounts Office Seal
Payment receipt (to be retained by Accounts)				
User Name:				
UIN:				
Paymei	nt: Paid (seal of Accounts)			