Check List for Bill Submission (**CENTER COPY**)

Bill Number_____   Date_____

1.	Name of Training Centre:_____	Centre Code:-
	_____	_____

2.	Batch No :_____	Duration of Training : From_____to_____

3.	Check List		Ticked		Page No.
	i..	Bill in Original With All Required Details	Yes		
	ii.	Attendance Records in Original for all days	Yes		
	iii.	Study Material Distribution Record in Original	Yes		
	iv.	Money Receipt Distribution Record in Original	Yes		
	v.	Refreshment Record in Original	Yes		
	vi.	Feedback Form-Pdf Print Copy Duly Signed in Original	Yes		
	vii.	Form and DDs submitted at NIELIT, Patna	Yes		

4. Certify that ………….. No. of Trainees of Batch No. ………..…..at Training Centre Code. ……........... Have completed the training successfully. The registration forms and DDs of these candidates has been submitted to NIELIT Patna through receiving No (s) ………………………..
Date: ………………
Place: ………………

Seal & Signature of
Authorized Signatory of T.C

For NIELIT Patna Use Only

Tick ⬚))The Appropriate Box

⬚ The Bill is found with all Attachment Given Above.   OR
⬚ Following Attachments are not found:
……………………………………………………………………………………………………
……………………………………………………………………………………………………
……………………………………………………………………………………………………

Receiving Serial No………………
Date:…………………………   Signature: ……..……..………..

This Check List should be submitted in both copies and one will be returned back from NIELIT Patna after receiving
DO NOT CHANGE FORMATING OF THIS PAGE AND USE SEPARATE CHECKLIST FOR EACH BILL

Check List for Bill Submission (**NIELIT COPY**)

Bill Number_____	Date_____

1.	Name of Training Centre:_____	Centre Code:-

2.	Batch No :_____	Duration of Training : _____ From_____to_____

3.	Check List		Ticked	Page No.
	i..	Bill in Original With All Required Details	Yes ☐	
	ii.	Attendance Records in Original for all days	Yes ☐	
	iii.	Study Material Distribution Record in Original	Yes ☐	
	iv.	Money Receipt Distribution Record in Original	Yes ☐	
	v.	Refreshment Record in Original	Yes ☐	
	vi.	Feedback Form-Pdf Print Copy Duly Signed in Original	Yes ☐	
	vii.	Form and DDs submitted at NIELIT, Patna	Yes ☐	

4. Certify that …………..No. of Trainees of Batch No.………..…. at Training Centre   Code. ……........... Have completed the training successfully. The registration forms and DDs of these candidates has been submitted to NIELIT Patna through receiving No (s) ………………………..
Date: ………………
Place: ………………

Seal & Signature of
Authorized Signatory of T.C

For NIELIT Patna Use Only

Tick ☑) The Appropriate Box

☐ The Bill is found with all Attachment Given Above.   OR
☐ Following Attachments are not found:
…………………………………………………………………………………………………
…………………………………………………………………………………………………
…………………………………………………………………………………………………

Receiving Serial No………………
Date:………………………………   Signature: ……..…….………..

This Check List should be submitted in both copies and one will be returned back from NIELIT Patna after receiving
DO NOT CHANGE FORMATING OF THIS PAGE AND USE SEPARATE CHECKLIST FOR EACH BILL

National Institute of Electronics and Information Technology, Patna
Claim Form-cum-Voucher for Payment to Training Centre

Bill Number _____   Bill Date:

1. Name of the Training Centre   : _____

2. Training Centre Code   : _____

3. Batch No.:   Duration of Training:

4. Bill Detail: -

Project Name	Employee Training Program
Number of Students	
Total Amount (no. of student * Rs. 2073/-)	.
CGSTIN 9% (calculate on total amount)	
SGSTIN 9% (calculate on total amount)	
Total Bill Claimed	
Net Amount Claimed (after rounded off)	
Training Partner GST No.	
NIELIT GST No.	10AAATD0315M1ZC

*In case of exemption from government authorities regarding exemption, the proof may be submitted with this bill otherwise undertaking on Letter Head will be attached with this bill.

5. **Amount Claimed in Words:**

6. **Self-Declaration:** This is to certify that above claimed amount is true and is used in above training only.

Signature of Authorised Signatory with Seal

Note: Please attach following with bills, otherwise bill will be rejected without any communication

1. Please enclose a self-declaration letter regarding above expenditure on Company Letter Head signed by authorised signatory.
2. Attendance sheet and Book Receiving
3. Training kit distribution report, Money receipt distribution report. DD receiving centre copy & Refreshment record (for ETP Project)
4. Soft copy of CCTV or Video Clipping sent to NIELIT Patna Centre
5. Feedback form

Section Name	Particulars	Date	Signature Employee
Receiving Section	Bills received with Receiving number_____		
Registration Section	Verified that concerned fee, forms are received with receiving Sr. No.		
Study Material	Verified that Study Material distributed to these trainees		
Training Status	Verified that training completed and all activities have been completed.		
Accounts Section	All documents verified and found correct.		

Finance Officer   **Project Coordinator**

NATIONAL INSTITUTE OF ELECTRONICS AND INFORMATIO TECHNOLOGY, PATNA
Group 'C' Employees Training Program (ETP)
Attendance Sheet

Batch No.:	District :		Full Time:- 05 Days	
Centre Code :	Centre Name :-			
Training Duration From..To...				

Sr. No	Registration No.	Name of Candidates	Signature of Candidate				
			Date:-	Date:-	Date:-	Date:-	Date:-
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

Forwarding of C.I. With   **Signature of Faculty**
Seal & Signature

NATIONAL INSTITUTE OF ELECTRONICS AND INFORMATIO TECHNOLOGY, PATNA
Group 'C' Employees Training Program (ETP)
Attendance Sheet

Batch No.:	District :		Part Time:- 05 Days

Centre Code :	Centre Name :-

Training Duration   From...To...

Sr. No	Registration No.	Name of Candidates	Signature of Candidate				
			Date:-	Date:-	Date:-	Date:-	Date:-
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

Forwarding of C.I. With   **Signature of Faculty**
Seal & Signature

NATIONAL INSTITUTE OF ELECTRONICS AND INFORMATIO TECHNOLOGY, PATNA
Group 'C' Employees Training Program (ETP)
Attendance Sheet

Batch No.:	District :		Part Time:- 05 Days	
Centre Code :	Centre Name :-			
Training Duration From..To..				

Sr. No	Registration No.	Name of Candidates	Signature of Candidate				
			Date:-	Date:-	Date:-	Date:-	Date:-
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							
11							
12							
13							
14							
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16							
17							
18							
19							
20							

Forwarding of C.I. With　　　　　　　　　　　　　　　　　　**Signature of Faculty**
Seal & Signature

NATIONAL INSTITUTE OF ELECTRONICS AND INFORMATION TECHNOLOGY, PATNA
Group 'C' Employees Training Program (ETP)
Refreshment Record

Batch No.:		District :	
Centre Code :		Centre Name :-	
Training Duration From		To	

Sr. No.	Reg. No.	Name of Candidates	Signature of Candidate
01			
02			
03			
04			
05			
06			
07			
08			
09			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Forwarding of C.I. With   **Signature of Faculty**
Seal & Signature

NATIONAL INSTITUTE OF ELECTRONICS AND INFORMATION TECHNOLOGY, PATNA
Group 'C' Employees Training Program (ETP)
Training Kit Distribution Report (Bag , Book along with CD)

Batch No.:		District :	
Centre Code :		Centre Name :-	
Training Duration From		To	
Sr. No.	Reg. No.	Name of Candidates	Signature of Candidate
01			
02			
03			
04			
05			
06			
07			
08			
09			
10			
11			
12			
13			
14			
15			
16			
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19			
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Forwarding of C.I. With
Seal & Signature   **Signature of Faculty**

NATIONAL INSTITUTE OF ELECTRONICS AND INFORMATION TECHNOLOGY, PATNA
Group 'C' Employees Training Program (ETP)
Money Receipt Distribution Report

Batch No.:		District :	
Centre Code :		Centre Name :-	
Training Duration From		To	

Sr. No.	Reg. No.	Name of Candidates	Signature of Candidate
01			
02			
03			
04			
05			
06			
07			
08			
09			
10			
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12			
13			
14			
15			
16			
17			
18			
19			
20			

Forwarding of C.I. With
Seal & Signature   **Signature of Faculty**

BILL SUBMISSION STEP FOR ETP

1. Bill No., Bill Date, Centre Name, Training Centre Code., Batch No., Training Duration, Number of Candidate filled by Training Centre/Institute if any correction then signatures with stamp required.
2. In case charge GST then provide GST number over the bill.
3. In case GST Exempted then submit self-declaration not under GST.
4. Undertaking regarding expenditure has occurred: - Student Kit, Travel & Training, Contingencies & Overhead, Infrastructure & Facilities, Manpower Exp., Refreshment to Trainers with stamp signature on Letter head.
5. Undertaking regarding Bank details like Bank Name, Bank Address, Account Name, Account Number, IFSC Code with stamp & signature.
6. Please arrange as per sequence: -
   (a) Attendance Sheet for 15 Days with stamp & signature.
   (b) Money Receipt Distribution Sheet with stamp & signature.
   (c) Student Kit Distribution Sheet with stamp & signature.
   (d) Refreshment Sheet with stamp & signature.
   (e) Feed Back Form with stamp & signature.
7. M.O.U. Signed Photo Copy.

Note: - Please if any over writing/cutting/whitener has been used, then put signature & round stamp of training centre at that place.