

**ANNEXURE-8**

Sl. No. \_\_\_\_\_

**BILL FORM FOR OBSERVER**

Name of the observer.....

a) Address (Off.).....

b) Address (Res.).....

.....

c) Tel.(Off.).....

Tel.(Res.).....

Number of Centres visited as per details overleaf.....

.....

Amount of Honorarium @ Rs. 140/- per day (Number of Visits).....

.....

Amount of Conveyance @ Rs. 50/- per day (Number of Visits).....

.....

Total Rs.....

(In Words).....

\_\_\_\_\_  
Affix Revenue  
stamp invariably

Pre Receipt \_\_\_\_\_

SIGNATURE OF THE OBSERVER

# DETAILS

SL. NO.	DATE OF VISIT	CENTRE NO VISITED	NAME OF THE CENTRE VISITED	AMOUNT
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

SIGNATURE OF THE OBSERVER