

SUMMARY OF B.ED. SCHOOL BASED ACTIVITIES BILL CLAIM

SC/PSC CODE:

SC/PSC ADDRESS:

Sr. No.	NAME OF PRINCIPAL	Address of School	Contact No.	Amount Claimed
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				

Total Amount claimed Rs. _____

(In words _____ Only)

Signature of the Coordinator/PIC
With stamp

N.B. : Pl. attach Annexure-C

(Official Use)

The above claim of Rs.for SBA Supervision by the Principal may be admitted.

Asst./Sr.Asstt.

SO/AR

RD