



**उ०प्र० आयुर्विज्ञान विश्वविद्यालय**  
सैफई, इटावा (उ०प्र०) – 206 130  
**Uttar Pradesh University of Medical Sciences**  
Saifai, Etawah (U.P.)– 206 130

Date: / /

**Format For Zero Billing Under Intramural Funded Projects**

1. Name of Principal Investigator:.....
2. Project Number: .....
3. Project Sanction Date & Duration:.....
4. Patients Name & CR No. :.....

| Sl No. | Name of the Test/<br>Investigation<br>Permitted Under<br>The Project | Total Number of<br>Test/ Investigation<br>Permitted Under<br>The Project | Total Test Done<br>Till Date | Number Of<br>Current Test<br>Out Of Total<br>Permitted |
|--------|--|--|------------------------------|--|
| 1      |  |  |                              |  |
| 2      |  |  |                              |  |
| 3      |  |  |                              |  |
| 4      |  |  |                              |  |
| 5      |  |  |                              |  |
| 6      |  |  |                              |  |
| 7      |  |  |                              |  |

- Note:
1. PI has to preserve the original/Xerox copy of the zero bill.
  2. After the completion of the project two copies of zero bill has to be submitted to the Research Cell.

**(Signature)**  
**Principal Investigator**  
**With Date and Stamp**

**Approved by MS**