



**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:.....

Sl No.	Name of the Test/ Investigation Permitted Under The Project	Total Number of Test/ Investigation Permitted Under The Project	Total Test Done Till Date	Number Of Current Test Out Of Total 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**