Student on Duty (SoD) or Teaching Assistant (TA) or

Research Assistant (RA) Bill Form\*

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| Student on Duty Bill for the month of: | Year: |
| Name of the Student: | ID: |
| MTB A/C No: | Mobile: |
| Name of the Faculty: | |
| Course / Duty: | |

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| Date | Day | Starting Time | Ending Time | Total Hours | Duty |
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| \_\_\_\_\_\_\_\_\_\_\_\_\_  Signature  of the Student | \_\_\_\_\_\_\_\_\_\_\_\_\_  Signature  of the Faculty | \_\_\_\_\_\_\_\_\_\_\_\_\_  Signature  of the Head | \_\_\_\_\_\_\_\_\_\_\_\_  Signature  of the Dean |