APPLICATION FOR ……………………… PAYMENT

Date: - ………........

To
The Principal
Sobhasaria Group of Institutions,
Sikar

Subject: Regarding the payment of ……………………………………………………

Sir,

As above mentioned subject, kindly release the payment as per given below details.

Name of Person   : …………………………………………………………………………...

Type of Work   : …………………………………………………………………………..

No. of Working Days   : ………………………………………………………………………….

Total Amount   :   No. of Person ……. * Rate Rs…….. * No. of Working Days ……….. = …………

                              In words…... ………………………………………………………….

Applicant Name …………………..
Address ……………………………
Mob. No. …………………………

(Supervisor Sig.)   **(AUTHORIZED SIGNATORY)**