

**Bill for Professional Fee by Contractual Software Personnel**  
*(In terms of G.O. No. 5859-F(Y) dated 22.07.2013 of Finance Department)*

A. Name & Address of Engaging Office			B. Name & Address of Software Personnel		
C. Contractual Engagement Details					
a. Project Name .....					
b. Designation: (1) Senior Software Developer (2) Software Developer (3) Software Support Personnel (4) Data Entry Operator					
c. Sanction No. & Date of Engaging Office .....					
d. Period of Engagement as per Sanction Order: From Date ..... To Date .....					
e. Monthly Professional Fee (Rs.) .....					
f. PAN No. .... Service Tax Registration No. ....					
D. Bill No. .... Bill Date .....					
Sl.	Bill Month & Year	No. of Days Absent	Designated Service Rendered	Monthly Prof. Fee (Rs.)	Admissible Amount (Rs.)
Total in words: <i>Rupees</i>					
E. Self-Certification by Software Personnel					
1. Certified that the gross value of all services rendered in the preceding financial year i.e., in FY..... was less than Rs. 10 lakh and hence no service tax is applicable.					
2. Certified that TDS at lower rate i.e., @.....% has been allowed by commissioner of income tax vide order No.....dated.....					
(Signature with date of Software Personnel)					
Certified that the Software Personnel, namely, ....., Designation ..... has actually worked for the period of his/her claim as mentioned above, relevant Attendance & Performance Report(s) duly signed by me is enclosed.					
(Name, Designation & Signature of Competent Authority with Date) *					

\* Competent Authority in terms of Sl. No. 7 of G.O. No. 5859-F(Y) dated 22.07.2013 of Audit Branch, Finance Department

\*\* Enclosed Attendance & Performance Report(s) for the Period of Claim as mentioned above

**Attendance & Performance Report of Contractual Software Personnel**  
(Vide G.O. No. 5859-F(Y) dated 22.07.2013 of Finance Department)

Name of the Software Personnel .....

Designation: (1) Senior Software Developer (2) Software Developer (3) Software Support Personnel (4) Data Entry Operator

Report Month & Year .....

Sl.	Date	Sign In Time	Sign Out Time	Signature of S/w Pers.	Remarks
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1. Certified that aforementioned software professional has actually worked for the period as mentioned above.
2. During this period, his/her performance was: - (a) Satisfactory (b) Not-Satisfactory
3. Remarks, if any .....

(Name, Designation & Signature of Competent Authority with Date)\*

\* Competent Authority in terms of Sl. No. 7 of G.O. No. 5859-F(Y) dated 22.07.2013 of Audit Branch, Finance Department