

**CSIR-CROPS RESEARCH INSTITUTE**

**Payment acknowledgement of casual labour cost**

**Project Name .............................................**

Name of Officer submitting Voucher………………………………………………………………….…………………………………………………………..

Purpose:………………………………………………………………………………………………………………………………………………………………

Date of activity:………………………………………… Location…………………………………………………….……………………………………………

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| NO. | NAME | TELEPHONE NO. | NO. OF DAYS | RATE PER DAY | GROSS WAGES | TAX -5% | NET | SIGN/ THUMBPRINT |
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Paid by: ……………………………………… Sign:………………………….. Telephone……………………………... Date………………….….