



**DEPARTMENT OF PHYSICAL EDUCATION**  
**UNIVERSITY OF KERALA**  
**INTER UNIVERSITY COMPETITION DA ACQUITTANCE OF**

**UNIVERSITY OF KERALA .....TEAM(Men/Women)**

**20..... - 20.....**

Certified that I/ We have not received any amount in this connection from the college, I/We agree to refund any amount received on this account if objected to by the Audit Department at any time.

Sl. No	Name and College Address	DA @ Rs.250/- Per day	Period with Date	Amount Rs.(in words and figures)	Signature (affix stamp if amount exceeds Rs.5000/-)

Paid Rs.....(In words .....)

By the Coach / Manager

Place :.....

Director of Physical Education