

School of Computer Science & IT

Devi Ahilya Vishwavidyalaya, Indore (M.P.)-452001

Page No. of Attendance Register _____ S. No. _____

Bill for Claiming Honorarium of Visiting Faculty

Name _____ Designation _____

Address _____

Affiliating College _____

Mobile _____ Email _____

Month _____ Year _____ Date of Submission _____

Program	Semester	Subject	Date with Duration (in Hour)	Total Hrs.	Amount(Rs)
			Theory:		
			Practical:		

Total Amount (Rs) _____ (Amt in Words) _____

Note:

- Rate of remuneration will be as per university rules.
- Faculty members are requested to complete all the above entries.
- Rates to be verified as per visiting faculty attendance register and signed by authorized person.

Undertaking

I was directed and permitted by the Head SCSIT to engage the above classes. For this, I have submitted honorarium bill. Therefore, I request you to deduct ____% against Income Tax return from my payment.

PAN No. _____

Bank _____

A/C No. _____

Branch _____

IFCS Code _____

Signature of Visiting Faculty _____

Verified by Coordinator _____

Head SCSIT