



Devi Ahilya Vishwavidyalaya, Indore

Department _____

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

UVFIN (United Visiting Faculty ID Number) _____

Bill for Claiming Remuneration/ Honorarium for Visiting Faculty

Name _____ Designation _____

Address _____

Mob No. _____ Qualification _____

Month _____ Year _____ Date of Submission _____ Theory/Practical _____ per week

Program	Semester	Subject	Dates with Duration(Hrs.)	Total Hrs.	Rate	Amount

*Total amount should not exceed the maximum limit of remuneration for a month.

Total Hours _____ Total Amount _____/- _____ (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.
- Faculty members are requested to fill this form for theory/practical classes for every month.
- Faculty should not be paid excess amount of Rs.30,000/- per month from DAVV.

UNDERTAKING

I was directed and permitted by the Head to engage the above Classes. For this I have submitted this bill. I therefore, request you to deduct _____% against Income Tax returns from my payment. Further, I certify that total amount received per month doesn't exceed the maximum permissible limit of remuneration any amount paid which is Rs.30,000/- at present.

Pan Card No. _____
A/C No. _____
(State Bank of India Compulsory)
IFSC Code _____
Aadhaar No. _____

Signature of Visiting Faculty

Verified by Coordinator

Date:

Counter Signed Director

Received Payment of Rs.

Cheque No.
