असम विश्वविद्यालय सिलचर

ASSAM UNIVERSITY SILCHAR

Statement for payment of Remuneration to Guest Lecturer/Visiting Fellow/Visiting Professor

(The bill should be submitted directly to the concerned section on or before 5th of every month)

1. Name of the faculty Dr/Shri/Smt/Prof. : _____
2. Name of the Department : _____
3. Remuneration for the Month : _____
4. PAN No. : _____
5. Bank name with Branch : _____
6. Bank Account No. : _____
7. IFSC : _____
8. Contact No. : _____
9. Details of lectures delivered :

Date	Duration	Date	Duration
		Total duration	

Date : _____ Signature of the Guest Lecturer/Visiting Fellow/Visiting Professor

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Certified that Dr./Smt/Shri/Prof./ _____ Guest Lecturer/Visiting Fellow/Visiting Professor appointed by the Vice-Chancellor vide order No. _____ dated. _____ has delivered _____ lectures/taken classes during the month of _____ and is entitled to honorarium of Rs. _____ **(@Rs. 1,000/- per lecture/per day)**

Date : _____ Signature of the Head of the Department with Seal

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N.B. : If the bill is submitted for the first time, attach the photocopies of all the documents. For every month, a separate bill has to be submitted along with which submission of a photocopy of the appointment letter is mandatory. Remuneration bills without PAN No. will not be processed.