



অসম বিশ্ববিদ্যালয় সিলচর  
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 or before 5<sup>th</sup> of every month)**

1. Name of the faculty Dr/Shri/Smt/Prof. : \_\_\_\_\_
2. Date of Birth : \_\_\_\_\_
3. Father's / Husband's Name : \_\_\_\_\_
4. Name of the Department : \_\_\_\_\_
5. Remuneration for the Month : \_\_\_\_\_
6. PAN No. : \_\_\_\_\_
7. Aadhaar No. : \_\_\_\_\_
8. Bank name with Branch : \_\_\_\_\_
9. Bank Account No. : \_\_\_\_\_
10. IFSC : \_\_\_\_\_
11. MICR No. : \_\_\_\_\_
12. Address with PIN code : \_\_\_\_\_  
\_\_\_\_\_
13. Email ID : \_\_\_\_\_
14. Mobile No. : \_\_\_\_\_

15. Details of lectures delivered :

Date	No. of classes	Date	No. of classes
<b>Total no. of classes</b>			

Date : \_\_\_\_\_

Signature of the Guest Lecturer/Visiting Fellow/Visiting Professor

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. \_\_\_\_\_ **(as per the rate mentioned in the appointment letter)**

Date : \_\_\_\_\_

Signature of the Head of the Department with Seal

**N.B. : If the bill is submitted for the first time, attach the photocopies of supporting documents for payment. 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.**