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Tezpur University

		aken by	
Sl No.	Date	No. of classes taken each day	Remarks
Chaolz	ed and Verified	I to be OK	Signature of the Recipient
CHECK	and vennet	1000 OK	Signature of the Recipient
			Designation
	_		_
Head, Dept. of			Date:

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Tezpur University

(Bill for Payment of Remuneration to Guest Faculty/Visiting Fellow/Resource Persons/Invited Lectures etc.)

Bill No			Date		
Host D	epartment				
1	Name & Designation				
2	Appointment Order No. & Date (if any)				
3	Nature of Duty				
4	No. of Classes Taken				
5	Period of Stay				
6	Remuneration Admissible				
7	Travelling Allowance				
	(TA Bill Attached)				
8	Miscellaneous				
Total Remuneration ` (Rupees			Signature of the Recipient (Affixed Revenue Stamp) Designation:		
Head, Dept. of			Date:		
FOR USE BY THE FINANCE SECTION ONLY					
Passed for Payment ` (Rupees					
Checke	a by		Pay`		

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