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**Tezpur University**

Statement of classes taken by…………………………………………………………………...

in the Department of ……………………………………………………………………………

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| --- | --- | --- | --- |
| **Sl No.** | **Date** | **No. of classes taken each day** | **Remarks** |
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Checked and Verified to be OK Signature of the Recipient

 Designation

Head, Dept. of ……………………. Date:………………

P.T.O

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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 Department………………..

|  |  |  |
| --- | --- | --- |
| 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……………………………………………………..

…………………………………………………………..) Only

Countersigned by Signature of the Recipient

 ***(Affixed Revenue Stamp)***

 Designation:

Head, Dept. of …………………………. Date:

FOR USE BY THE FINANCE SECTION ONLY

Passed for Payment ` ………….. (Rupees…………………………………………………….

…………………………………………) Only

Checked by

 Pay ` ………………….

Jr. Accountant/UDC Deputy Registrar(Finance)/ Finance Officer

Tezpur University Assistant Finance Officer Tezpur University

 Tezpur University