

**DEVI AHILYA VISHWAVIDYALYA, INDORE**

Department/School/Centre \_\_\_\_\_

Page No. of Attendance Register \_\_\_\_\_

S.No. \_\_\_\_\_

**Bill For Claiming Remuneration/Honorarium for Visiting Faculty**UVFIN (Unified Visiting Faculty ID No.) 

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Name \_\_\_\_\_

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 \_\_\_\_\_ (Amount 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.
- Fill this form for theory/practical classes for every month.
- Faculty should not be paid excess amount of Rs 30,000/- PM from D.A.V.V.
- Verified visiting faculty Teaching attendance details should be attached with this bill.

**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 of any amount paid by D.A.V.V. which is Rs. 30,000/- at present.

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

Name &amp; Signature of Visiting Faculty

Verified by Coordinator (Name &amp; Signature)

Date :

Received Payments of Rs.

Signature Director/Head (Name &amp; Seal)

Cheque No.

