

Department Letter Head
GUEST FACULTY Bill form

Honarium for the Month of _____, 2026

Name of the Guest Faculty : _____

Contact No. : _____

Name of the Department : _____

Approval No. and date : _____

I hereby certified that the attendance and the lecture given by the above Guest faculty is as per the Attendance Register maintained in the Department and recommended for payment:

SL No.	Date	No. of lecture/class Semester -wise	Total no. of Lecture	Remarks
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
		Total No. of class		

Note : Please indicate Saturday/Sunday and Closed Holiday

Total No. of class taken :

Rate per Lecture :

Amount Payable :

(Rupees _____) only

Bank details of the Guest Faculty:

Account No. :

Name of Bank and Branch :

IFS CODE :

I certified that the above statement is true to the best of my knowledge and that the duration of the class is 1(one) hour per lecture/class.

Date: _____

Signature of the Head
(in ink) with official Seal