

DYAL SINGH COLLEGE (DAY) : LOD1 ROAD : NEW DELHI-03

Remuneration Bill of the Guest Lecturer for the month of: _____ DEPTT. _____

INCOME TAX PAN NO. (Attach Photocopy of Pan Card on 1 st Bill)	Classes taught	Date on which lecturer delivered	Total No. of Lecturer Delivered	Total Amount @		Verified by Office
				Rs	Per lecturer	
NAME & ADDRESS OF LECTURER						
Contact No. -						
BANK DETAILS						
A/c NO. -						
IFSC CODE -						
NAME OF BANK						

Received payment of Rs. _____
on account of delivering above Lectures.

Signature of the Teacher _____

Note:- Bill to be submitted upto 10th of every month

Certified that the above no. _____
of Lecturers were delivered
by Dr./Mr./Ms. _____

Name & Signature of _____
Teacher I/C:- _____

Passed for payment of
Rs. _____