

Indian Institute of Technology, Hyderabad

**Centre for Continued Education HONORARIUM RECEIPT**

Voucher No. Date\*:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 | Name of the Faculty\* | : |  | | |
| 2 | Designation\* | : |  | 3 Pay Level | Rs. |
| 4 | Faculty ID No\*. | : |  | 5 Department\* |  |
| 6 | **Event Registration Number.\*** | **:** | | Total Amount : |  |
|  |  | **Name of the beneficiary as per Bank records:** | |  |  |
|  |  | **Employee ID/ Student Roll No. (If internal):** | |  |  |
|  |  | **Account Number:** | |  |  |
|  |  | **Bank Name:** | |  |  |
| 7 | **Honorarium to be remitted to\*** | **IFS Code:**  **PAN Number:** | |  |  |
|  |  | **Address:** | |  |  |
|  |  | **Mobile No:** | |  |  |

8 Amount of Honorarium Proposed\* : Rs. (Per month/ consolidated)

(Rupees Only) from IIT Hyderabad towards the purpose mentioned below (put tick mark)

1. *(i) Honorarium for the 8 (ii) Any others*
2. Honorarium for the month from: To:

*Note: 1. \* fields are mandatory. Partially filled/Incomplete forms may be reverted;*

*2. Please fill 6(a); 6(b); for expenditures across different projects/heads*

**Signature of PI**

**FOR OFFICE USE ONLY**

* 1. Project No.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  | Head\* |  |  |  |  |  |

* 1. Remarks, if any:

**Processed Approved**

**Dealing Assistant Chair, CCE**

**\*Honorarium form to be attached (India/Outside India)**

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