



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)

8 (i) Honorarium for the _____

8 (ii) Any others _____

9 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

Name:

FOR OFFICE USE ONLY

1 Project No.

--	--	--	--	--	--	--	--	--	--	--	--

 Head*

--	--	--	--	--	--	--	--	--	--	--	--

2 Remarks, if any: _____

Processed

Approved

Dealing Assistant
Name:

Chair, CCE

Name: Prof Amirtham Rajagopal

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