



B.D. COLLEGE, PATNA

(A CONSTITUENT UNIT OF PATLIPUTRA UNIVERSITY ,PATNA)

DEPARTMENT OF

To,
The Principal,
B.D. College, Patna

All Visiting faculty (College's appointed) are informed to use only this format for their payment From month of October'25 , Also all co-ordinators are requested to submit their department's bill latest by 10th of every month at Accountsoffice.

The following teaching/Faculty/Staff have submitted their bills for the months of _____. Their individual bill have been verified from the Bio Matric Record and Class Engage Register and found correct. Certificate to this effect has been issued.

We therefore recommend payment of the honorarium / remuneration and wages to them. This is for your approval and sanction.

CO-ORDINATOR / HEAD

DEPT. OF _____,
B.D. COLLEGE, PATNA



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DEPARTMENT OF

Statement for the Payment/Remuneration to Resource Person/Guest Faculty for Engaging Classes in Vocational Courses/ General Courses for the Month of

_____.

Sl. No.	Name of Resource Person/Guest Faculty	No. of Classes engaged in	@Rate per class	Amount to be paid	Signature of Faculty
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					

Total Amount:-Rs. _____Rs. _____

_____(In Word).

The above statement is certified and the above amount to be sanctioned and paid accordingly.

Co-Ordinator/Head



Name of Faculty / Instructor_____ **Programme**_____

NOTE: Rs. , Rs..... (In word) per theory / practical class of one hour duration.

Signature of the Faculty