

INDIRA GANDHI ENGINEERING COLLEGE, SAGAR (M.P.)
HONORARIUM FORM (TEQIP III)

Name of the Claimant: Designation..... AGP/Pay Level:
Department:..... Institute Name (for external members).....
Purpose of Visit Name of Bank/Branch.....
Account No. Bank's IFSC Code: PAN No.

Name of the Program/Course:

Organizing Department:

Coordinator (s) :

Co-coordinator & DC:

Date(s) of Program: (From -- To)

Duration: Number of Days:
(Including Interaction on arrival day & Closing - day)

Honorarium Details:

Sl.No.	Name of Expert / Resource Person	Institution / Organisation With address	Total Number of Days/Hours of engagement	Honorarium Per Day/Hours (Rs.)	Honorarium Amount Total (Rs.)	Remarks

Total Claim Amount Rs. In words (Rs.).....

I, hereby certify, that

1. this bill has been claimed by me for the first time.
2. I shall refund the excess amount if any, drawn by me, found in subsequent scrutiny or audit contents received.
3. I will pay the Income Tax as per Income Tax norms.

Signature of the Claimant

Signature of the Claimant

Date:

Place:

(FOR FINANCE OFFICE USE)

Admitted for Rs..... Disallowed/Added Rs Passed for Rs.....

Accountant/Dealing Assistant in Accounts
TEQIP-III

Nodal Officer (Finance)
TEQIP-III

TEQIP Coordinator
IGEC SAGAR

Principal
IGEC SAGAR