



BIKANER TECHNICAL UNIVERSITY, BIKANER
बीकानेर तकनीकी विश्वविद्यालय, बीकानेर

HONORARIUM BILL

Name of the Officer:	
Designation:	
Name of Institute:	
Address	
Purpose	
Honorarium (per day)	
Total Amount	
Beneficiary Name (as per bank Account)	
Account No.	
Bank Name and Address	
IFSC Code	

Signature with Name

**Verified by Supervisor/HoD
Signature with Name**

For Office use

Passed for Rs. _____ (Rs. _____)

against honorarium of Mr./Ms./Dr. _____ for

the Purpose of _____

Received Payment

Accountant

A.A.O

Finance Officer

* Please attach a photocopy of your PAN Card and Bank passbook or Cancel Cheque