



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY
SECTOR-16 C, DWARKA DELHI – 110078

CLAIM/RECEIPT BILL FOR WEEKEND PROGRAMME/GUEST FACULTY

1. Name of the Claimant : _____
2. Designation & Employee Code : _____
3. PAN Number : _____
4. Bank A/c No. : _____
5. IFSC Code : _____ Bank Name: _____
6. Residential Address : _____
7. Office Address : _____
8. Trimester/Semester : _____
9. a) In case of Faculty

Particulars	Rates per Credit/ Lecture/Semester/Project	Total Credits/Lectures/ Semesters/Projects	Total Amount (Rs.)
Name of Subjects:			
Conveyance, if payment is made on hourly basis			
Dean/Coordinator/ Asstt. Coordinator/ Project			
Total Amount			

b) For Non-Teaching Staff

Particulars	Rates per Day	Total no. of Days	Total Amount (Rs.)
Office Asstt./ Tech. Asstt./ Lab. Asstt./MTS			

10. Received Rupees : Rs. _____ (Rupees in words _____)

Dated: _____

- Kindly deduct tax as per applicable rates.
- I hereby undertake to show the income in my total income for income tax purpose.

Counter Signed

Verified

Signature of Claimant

Signature of Dean

Signature of Co-coordinator

Revenue Stamp for
payments exceeding
Rs. 5,000/- and above

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- Gross Payment admissible Rs. _____
 - TDS deducted Rs. _____
 - Net Payment Rs. _____