



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

**CLAIM BILL FORM FOR COUNSELING/AFFILIATION & OTHER DUTIES**

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. Brief of Counseling/Affiliation & other duties : \_\_\_\_\_

**Dates (Working Days)**

<b>Total Number of Days</b>									

**Dates (Weekends & Holidays)**

<b>Total Number of Days</b>									

	<b>Total no. of Days</b>	<b>Rates per Day for Honorarium</b>	<b>Rates per day for Conveyance (not admissible for campus residents)</b>	<b>Total Amount (Rs.)</b>
Working Days				
Weekend / Holidays				

I hereby certify that the work performed is occasional or intermittent character and so laborious or of such merit which justifies special rewards in the shape of Honorarium & Conveyance as per approved rates.

**Counter Signed**

**Verified**

**Signature of Office In-charge**

**Signature of Branch In-charge**

**Signature of Claimant**

\_\_\_\_\_

- Gross Payment admissible Rs. \_\_\_\_\_
- TDS deducted Rs. \_\_\_\_\_
- Net Payment Rs. \_\_\_\_\_

**Dealing Assistant**

**AAO/DDO**

**AO/FO**