DELHI PHARMACEUTICAL SCIENCE AND RESEARCH UNIVERSITY

(Established under Act 07 of 2008, Govt. of NCT of Delhi)

Pushp Vihar, Sect-III, M.B. Road, New Delhi-110017

3/C

Bill for Visiting/Guest Faculty for the month of ..... of 20.....

Name& Designation:	Subject and Semester:
Department	Mob:
Order No.	

Particulars of Classes

Date	Time			Class			Topics Covered/Remarks
	From	To	Duration(hrs)	UG/PG	Theory	Practical	

Total No. of Theory: _____

Total No. of Practical (Hours): _____

Total Amount Claim:-_____

1. I have rendered service as the part time Teacher/Staff during the Month of ....of ... hours as detailed above.
2. I am not an employed in any Govt. /Non-Govt organization or as .... With .... and have obtained permission on the employer to undertake the extra work and accept remuneration as admissible under the rules for the above referred period.
3. I shall include the amount of this bill in my income tax statement for the concerned financial year.
4. The amount claimed in bills has not been preferred earlier by me.
5. Copy of Time table assigned duly signed by the Time –Table Incharge is attached.

I undertake that above details are true and correct _____ **(Sign. Of Visiting Faculty)**

Verification Certificate (HOD/In-charge)

1. The above claim of part time teacher/guest faculty being preferred in the bill for conduction of classes have been verified and found correct.
2. The teaching load indicates above does not exceed the teaching hours allocated to the guest faculty.

Signature of Time table In charge
Name and Designation

Verified by:.....
(Head of Department/Course In charge)
With Seal

Registrar, DPSRU

Account Details of Claimant:

Name of Bank..... **Name of beneficiary**.....

Account No..... **IFSC Code**....., **Pan No**.....