BILL FORM

Purpose:_____ Meeting Date : _____

PLEASE FILL THE DETAILS GIVEN BELOW FOR PAYMENT THROUGH N.E.F.T./R.T.G.S./Cash

Name of the expert (Fill in Capital letters) As per Bank Account															
Designation															
Name of the Department of Expert															
Sitting															
Honorarium/Sitting charges															
Bank Account No. (Beneficiary)															
Name of Bank															
Name & Address of Branch															
IFSC Code of the Branch															
PAN No.															
Mobile No.															
Email ID															

The total Amount of Rs. _____by gross and TDS (Adjustment) Rs. _____and Net amount of Rs. _____(In words _____ Only) may be transferred to my above bank account details, after TDS deduction.

Name of the Expert/Member

Date **Signature**

(FOR OFFICE USE ONLY)

Passed for payment of Rs. ---------- (Rupees ----------

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