

BILL FORM



मुक्त शिक्षा विद्यालय SCHOOL OF OPEN LEARNING
दिल्ली विश्वविद्यालय UNIVERSITY OF DELHI

PHOTO

सत्र Session	20.... -- 20....	रजिस्टर पृष्ठ संख्या Page No. of P.C.P. Register		
नाम Name		Status/ Employee	PERMANENT/TEMP./AD-HOC/RETIRED/ RES. SCHOLAR/GUEST LECTURER/UNEMPLOYED	
कोड न०/SOL Code No.		Place of work :- विभाग / महाविद्यालय College / Deptt. {mention where to be employee}		
पैन संख्या / PAN No.		पता (निवास) Residential Address:		
बैंक खाता संख्या Bank Account No. (Attach Cancelled cheque or Photocopy of cheque)	Pin.....		
बैंक का नाम व शाखा Name of Bank & Branch		दूरभाष / मो० न०/Tel./M. No.		
आई०एफ०एस०सी कोड I.F.S.C. Code		पाठ्यक्रम / COURSE		
व्य०स०कार्यक्रम केन्द्र P.C.P. Centre		विषय / SUBJECT		
महीना / वर्ष Month & Year	तिथियाँ P.C.P. Dates	कुल कक्षाएँ Total Periods	पारिश्रमिक की दर Rates of Remuneration	कुल राशि Total Remuneration
कुल राशि (शब्दों में) Total Amount			कुल राशि Total Amount	
हस्ताक्षर समन्वयक/Sign. Of Coordinator (With Seal /Stamp) Name:.....		प्राध्यापक के हस्ताक्षर Teacher's Signature	रसीदी टिकट Revenue Stamp	

UNDERTAKING (TO BE FILLED BY ALL THE FACULTY MEMBERS)

I, hereby solemnly declare that the amount i.e. _____ (_____) to be received on account of PERSONAL CONTACT CLASSES of this institution, will be included in yearly income for the calculation of INCOME TAX, if any for the Financial Year _____.

Signature

Name (in block letters)

ALL THE ENTRIES RELATED IN PCP MODULE HAVE BEEN COMPLETED.

SIGN. OF PCP INCHARGE

VERIFIED BY PCP SECTION

सम्बन्धित सहायक/Dealing Asstt.

अनुभाग अधिकारी/Section Officer

सहायक कुलसचिव/Asstt. Registrar

Mandatory details filled by the FACULTY MEMBER (in capital letters)
(Cheque/Passbook copy to be enclosed)

SOL CODE NO./ कोड न०																	
NAME / नाम																	
BANK ACCOUNT NO. बैंक खाता संख्या																	
IFSC CODE आई०एफ०सी० कोड																	
NAME OF BANK WITH ADDRESS बैंक का नाम व शाखा																	

FOR USE IN ACCOUNT SECTION:

Bill Passed for payment of *₹ _____ (₹ _____) Debit Head : PCP (Academic) Honorarium entered in the O.C.R. at Page No. _____ Entry No. _____ dated _____	TOTAL BILL AMT		
	Prof. TAX @10%		
	*NET AMOUNT PAYABLE		
_____	_____	_____	_____
Dealing Asstt.	Section Officer (A/cs)	Asstt. Registrar(A/cs)	Joint Registrar
RTGS No. _____ Dated: _____ Voucher No. _____			
_____ OFFICER-ON-SPECIAL DUTY School of Open Learning University of Delhi, Delhi-7.			