

BILL FORM

Purpose: _____

Meeting Date : _____

PLEASE FILL THE BELOW DETAILS 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	Rs.3000/-
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

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(FOR OFFICE USE ONLY)

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

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