



**ISLAMIC UNIVERSITY OF SCIENCE & TECHNOLOGY
AWANTIPORA, KASHMIR [IUST]**

Bill Form for Honorarium of Adjunct Faculty

1. Name of the Adjunct Faculty: _____
2. Department: _____
3. School: _____
4. Bill month: _____
5. No. of lectures delivered: _____
6. Dates of the lectures delivered: _____

Signature of Adjunct Faculty
Dated:

7. Certified that the above contents are true and the concerned Adjunct Faculty _____ has given _____ number of lectures during the currency of the month, from _____ to _____.
8. Total amount payable as per the Guidelines: _____.

Signature/Seal of HOD
Dated:

9. Remarks of Dean of the School: _____

Signature/Seal with date

10. Recommendation/remarks of Dean Academic Affairs: _____

Signature/Seal with date

11. Remarks of Finance Office:

Total Amount Payable: _____

Amount paid on(Date): _____

Signature:
