# SHAHEED RAJGURU COLLEGE OF APPLIED SCIENCES FOR WOMEN
## UNIVERSITY OF DELHI
## VASUNDHARA ENCLAVE, DELHI-110096

**BILL FOR GUEST LECTURER PAYMENT FOR THE MONTH OF**_____

**NAME OF GUEST LECTURER (CAPITAL LETTERS)** _____ **PAN NO.:**_____

**Address:** _____ **MOB NO.:**_____

**Course (Department):** _____ **PHD/UGC NET CLEARED/OTHER** _____

**BANK ACCOUNT NO.:**_____ **IFS CODE :** _____

**BRANCH** _____

| Date | Subject | Time | | No. of Theory Classes | No. of Practical Classes | Amount |
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**SIGNATURE OF GUEST LECTURER** **VERIFIED FROM RECORDS (TIC)** **PRINCIPAL**