

THE NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE

No.....

Bill for payment of Honorarium by NIHFW to Chairman/Guest Speakers / Resource Persons etc. in connection with the

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1. Name :
2. Designation :
3. Name & Address of Office /Institution :
4. Particulars Date/dates & Time on which worked as Guest Speakers /Participant/ Chairman/Resource Persons:
5. Total No of Session/s :
6. Rate of Honorarium per Session :
7. Total amount of Honorarium :

Date:

(Signature of Officer)

Received a crossed cheque for Rs.....(Rupees.....
.....from the Director NIHFW on
account of working as Chairman /Guest Speaker/ Resource person in connection
with

(Signature of Officer)