**THE NATIONAL INSTITUTE OF HEALTH & FAMILY WELFARE**
**(ACCOUNTS SECTION)**

Dated: 03-10-2025

**CIRCULAR**

It is hereby informed to all the departments/sections/employees/staff/contractual staff etc. of the Institute that the Honorarium Form of the Institute, for paying Honorarium to external resource persons for teaching activities, part-time faculty/consultants & experts, has been revised. Format of the revised honorarium form has been attached herewith.

It is requested to all the course coordinators, training coordinators and other concerned persons that hereafter the revised Honorarium Form attached herewith will only be accepted for payment of honorarium in the Institute.

This issues with the approval of the Director.

(L. Haokip)
Section Officer (Accounts)

Copy to: -

1. All HOD/Sections of NIHFW.
2. SPA to Director
3. PA to Dy. Director (Admn.) / N.O. (Admn.)
4. Notice Board
5. In-charge Computer Centre – with a request to upload this circular on the Institute's website

# THE NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE

Bill for payment of Honorarium by NIHFW to Guest Speaker/Resource Person/Faculty etc. in connection with the _____

_____.

| | |
|---|---|
| Name | |
| Designation | |
| Particulars of Date & Time on which worked as Guest Speaker/Resource Person etc. | |
| Total No. of Session(s) | |
| Rate of Honorarium per session | |
| Total amount of Honorarium/ Remuneration | |

Date: _____ (Signature of Officer)

Kindly remit the above amount in my account through e-banking/transfer as per the details given below:-

| | |
|---|---|
| Name of Saving Account Holder | |
| Saving Bank Account No. | |
| Name of Bank & Address | |
| IFSC | |
| PAN of Officer | |

(Signature of Officer)

Verified By:-

Sign. & Name of Officer (Concerned Department/Nodal Officer)