

# **BILL FORM**

Purpose: \_\_\_\_\_

Meeting Date : \_\_\_\_\_

**PLEASE FILL THE DETAILS GIVEN BELOW FOR PAYMENT THROUGH N.E.F.T./R.T.G.S./Cash**

<b>Name of the expert (Fill in Capital letters) As per Bank Account</b>	
<b>Designation</b>	
<b>Name of the Department of Expert</b>	
<b>Sitting</b>	
<b>Honorarium/Sitting charges</b>	
<b>Bank Account No. (Beneficiary)</b>	
<b>Name of Bank</b>	
<b>Name &amp; Address of Branch</b>	
<b>IFSC Code of the Branch</b>	
<b>PAN No.</b>	
<b>Mobile No.</b>	
<b>Email ID</b>	

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**

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Date

Signature

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**(FOR OFFICE USE ONLY)**

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

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