



CENTRAL UNIVERSITY OF RAJASTHAN

NH-8, Bandarsindri, Dist-Ajmer, Rajasthan [INDIA]

HONORARIUM BILL

Date: ____/____/____

Name: _____

Purpose: _____

Honorarium: _____

(Signature of Claimant)

Date: ____/____/____

Verified by

(Deal of Hand)

(Checked by)

(Joint Registrar)

(Finance Officer)

(Registrar)

(Vice Chancellor)

Please affix Revenue
Stamp if Amount
exceeds Rs. 5000/-

Received Payment