

ICMR-NATIONAL INSTITUTE OF NUTRITION  
Jamai-Osmanai Post, Hyderabad 500007, Telangana, India.

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**HONORARIUM BILL**

File.No.ICMR-NIN/HB/

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

1.	Name and full address of Member	:			
		:			
		:			
2.	<b>PAN No. (Compulsory)</b>	:			
3.	Bank Details of the member (Compulsory for online transfer)	<b>a) Name of the Bank</b>	:		
		<b>b) Branch</b>	:		
		<b>c) Account No.</b>	:		
		<b>d) IFS Code</b>	:		
4.	Name of Treasury of Full Address of disbursing Office from which he salary is drawn by the member	:			
5.	Name of the Meeting & Institute where the Meeting was held	:			
6.	Received for the date(s) as Honorarium for assisting the Council on Official/Non-official member of Meeting held at _____		Date(s)	Rate (Rs.)	Amount (Rs)
				Total Rs.	
7.	Sanction of the Director & Competent Authority, ICMR-NIN is hereby conveyed to the appointment of Prof./Dr/Mrs/Ms. _____ as Official/Non-Official Member for assisting the Institute in the meeting(s) held at _____				

8. Certified that the Member has attended the Meeting(s) on the dates referred to above

**Signature of the HoD**

Name: \_\_\_\_\_

Department: \_\_\_\_\_

**Section Officer,  
ICMR-NIN, Hyderabad**

**Senior Administrative Officer  
ICMR-NIN, Hyderabad**

Please pay to self by transfer and I undertake the responsibility of payment of necessary income tax on the amount of Honorarium received from ICMR-NIN, Hyderabad.

(Rupees: \_\_\_\_\_ only)

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

**Signature of the External Expert**

Passed for Rs. \_\_\_\_\_ (Rupees: \_\_\_\_\_ only)

**Drawing & Disbursing Officer  
ICMR-NIN, Hyderabad**

Pay Rs. \_\_\_\_\_ (Rupees: \_\_\_\_\_ only)

Cheque No. \_\_\_\_\_ Dated \_\_\_\_\_

**Accounts Officer  
ICMR-NIN, Hyderabad**