

HOMI BHABHA CENTRE FOR SCIENCE EDUCATION
TATA INSTITUTE OF FUNDAMENTAL RESEARCH

HONORARIUM FORM

Date: _____

Name of the programme: _____

Dr./Shri/Smt. _____ has
delivered Lecture/Lectures for the above programme. The details are as follows:

Dates

No. of Lectures / No. of days*
(*Applicable for RGC only)

Requested honorarium may be paid to him/her.

Programme Coordinator

Authorized Signatory

Claim passed for payment for Rs. _____ (Rupees _____)

Admin Assistant 'C'

Admin Officer 'C'

Amount Received
(Signature of the Participant)