

Dr. BABASAHEB AMBEDKAR TECHNOLOGICAL UNIVERSITY, LONERE
(TEQIP-III)

Request for Honorarium Payment

Name of the Expert Faculty	
Designation	
Institute/Organization	
Email Id, Contact Number	
Brief description and location of honorarium event	
Amount to be paid	
Personal Detail for PFMS payment purpose	
Pan Number	
Aadhar number	
Address	
Account Number	
Bank Number	
IFSC Code	

Undertaking

1. I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information I would not hold the use Institution responsible. I have read the option invitation letter and agree to discharge responsibility expected of me as a participant under the Scheme.
2. I certify to the best of my knowledge, belief and understanding that the above declarations are correct.

SIGNATURE (with date) _____

Recommendation of Course Coordinator/ Programme Coordinator