



BANGABANDHU SHEIKH MUJIBUR RAHMAN AGRICULTURAL UNIVERSITY
Gazipur 1706

BILL FORM FOR HONORARIUM OF ADJUNCT FACULTY

Name and Address of Adjunct Faculty.....

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Term of Teaching : Year :

Course Number and Title :

Invitation /Contact No : Date :

Amount Claimed Tk (In Words) Taka

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Revenue Stamp

Signature of the Adjunct Faculty

Office use only

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Comments of the Head of the Department

Signature with Seal

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Recommendation of the Dean, Faculty of Graduate Studies

Signature with Seal

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Amount Claimed Tk

Deduction (if any) for Tk

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Net Amount Claimed Tk

(In words) Tk

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Accountant Asst. Director (Account) Deputy Director (F&A) Treasurer Vice Chancellor

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N.B. The departmental head will certify that the adjunct faculty successfully completed the course and submitted the grade report in time