

**DAV INSTITUTE OF MANAGEMENT**  
**NH-3, NIT FARIDABAD**

**REMUNERATION BILL FORM**

Name of the Faculty \_\_\_\_\_

DATE	TIME	DATE	TIME

NO. OF VISIT \_\_\_\_\_

COURSE \_\_\_\_\_

TOPIC \_\_\_\_\_

SIGNATURE OF THE FACULTY \_\_\_\_\_

SIGNATURE OF PROGRAMME DIRECTOR \_\_\_\_\_

SIGNATURE OF PROGRAMME COORDINATOR \_\_\_\_\_

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