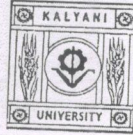


University of Kalyani



FINANCE DEPARTMENT

Kalyani- 741 235, West Bengal

PBX : (033) 2580-8467

Fax: (033)25828282.

Ref. No. FD/06

Dated: April 8, 2024

NOTICE

Sub: Format of Bill for payment to the Guest Faculties

This Department had already brought the issue of disclosure of PAN of the Guest Faculties engaged at different departments including DODL to all concerned HODs/ Directors/Course Coordinators/ Incharge as a mandatory disclosure under Income Tax Act, 1961 followed by the recommendation of the Comptroller of Auditor General (CAG) of India to implement the same immediately. This department therefore desires to implement the above from the very beginning of the financial year 2024-25 for compliance of the above.

The undersigned is, therefore, requesting to all HODs/ Directors/ Course Coordinators/ In-charge Faculties who are engaged in dealing with Guest Faculties of their respective departments/centers/courses kindly to submit the Form for Remuneration to the Guest Faculties as shown below after properly filled-up and submit the same to this department for commencement of the payment procedure with a copy of the PAN and Cancelled Cheque of the concerned Guest Faculties and the copy of the Order issued by the University for engagement of the concerned Guest Faculties.

Submission of Forms without the above documents will be subjected for rejection for which this department will not be held responsible for delayed payment of Remuneration to the Guest Faculties. The above will come into effect from the Financial Year 2024-25.

Cooperation from all concerned will be appreciated.

This notice is being issued with kind concurrence of the Vice-Chancellor.

Sd/-

Finance Officer

Copy forwarded for information and necessary action to:

1. The Vice-Chancellor's Secretariat
2. The Pro-Vice-Chancellor's Secretariat
3. All Head of the Academic Departments
4. All Director/Course Coordinator/In-Charge of various centres/courses/departments
5. System-in-Charge : with a request to upload at University Website as a Notice under Download Zone
6. Director, DODL
7. Audit & Accounts Officer
8. Accounts Officer
9. Income Tax Desk, Finance Department
10. Salary Bill Section, Finance Department

OVER LEAF

- PLESE SEE BELOW FOR THE BILL FORMAT
- SUCH BILL IS TO BE SUBMITTED WITH SIGNATURE OF THE GUEST FACULTY AND DOCUMENTS AS STATED ABOVE
- FORM MUST BE AUTHENTICATED BY THE CONCERNED HODS/ DIRECTORS/COURSE COORDINATORS/ INCHARGE

Finance Officer
Finance Officer

University of Kalyani

BILL FOR REMUNERATION TO THE GUEST FACULTY

MS Number:..... University Order No. & Date.....

PAN..... Contact Number..... E-Mail

*Distance between Kalyani University and the Place of Employment or Residence of the Claimant, whichever is nearer will be considered for payment

Account holder Name																				
(block letter)																				
Bank A/C. No.																				
Bank Name																				
Branch Name																				
Branch Code No.																				
IFSC No.																				

Signature of the Claimant (in full).....

Signature of the HOD/Director/In-Charge

(FOR USE OF FINANCE DEPARTMENT)

Only) for Payment through NEFT as per the above Bank Information

AO/A&AO/FO