

**INDRAPRASTHA COLLEGE FOR WOMEN
UNIVERSITY OF DELHI**

Payment to Guest Faculty for the month of _____ (20__)

I _____ hereby certify that I have taken _____ classes in the month of _____ (20__). The details of classes taken is attached herewith vide Annexure-I.

Date: _____ Signature of Guest Faculty: _____

Name of Guest Faculty: _____

Department: _____

Contact No.: _____

Certified that Dr./Smt/Shri/Prof./ _____ Guest Faculty has taken _____ classes in the month of _____ (20__).

Date: _____ Signature of TIC: _____

Name: _____

FOR OFFICE USE

Dealing Assistant

SO (Accounts)

AO

Bursar

Principal

