

Chandigarh College of Engineering & Technology, Sector-26, Chandigarh.

FORM FOR PAYMENT TO THE EXPERT

Name of Expert _____
Organization _____
Designation _____
Date of Expert Lecture _____
No. of hours/detail _____
Sitting fee _____ @ _____ per hour/day _____
TA/DA if claimed _____
Grand Total _____

Date _____ Signature of the claimant
Place _____

VERIFICATION

Certified that the expert concerned
has attended the meeting (s) as
mentioned above

Head of Department

Passed for payment of Rs. _____ (Rupees _____)

OS (Academic)

AC (F&A)

Principal

(PRE-RECEIPTS)

Received Rs. _____ (Rupees _____)
Chandigarh College of Engineering & Technology, Sector-26, Chandigarh., on account of above
claim

Date:-

(Signature of Claimant with designation)