



**GAZIPUR AGRICULTURAL UNIVERSITY (GAU)**  
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

Comments of the Head of the Department

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Signature with Seal

Recommendation of the Dean, Faculty of Graduate Studies

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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