

KAMALA NEHRU COLLEGE

Dated : _____

BILL FOR GUEST FACULTY FOR THE YEAR _____

Name (Mr./Ms.) : _____

Class : _____

No. of Papers : _____

No. of Classes
with Dates/Months : _____

Rate per Day : _____

Total Payment : _____

Signature : _____

Name : _____

Address : _____

SPA

A.O.

Principal