



**National Council for Teacher Education**  
Western Regional Committee, Bhopal

**Bill for inspection of institutions**  
(TA bill to be submitted separately)

1. Name of the Convener/Member of the Visiting Team. \_\_\_\_\_
2. Designation \_\_\_\_\_
3. Postal address with pin code \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Residential address with Tel. No. \_\_\_\_\_
5. Name of the Institution inspected with dates \_\_\_\_\_

S.No. (1)	Name of the Institution (2)	Date of the Inspection (3)

6. Amount of Honorarium For actual inspection days (@ Rs. 1000 per day) Days \_\_\_\_\_ Amount Rs. \_\_\_\_\_  
(In words) \_\_\_\_\_
7. Pre-receipt of the amount

Signature \_\_\_\_\_

**(For WRC office use)**

Pay Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_)

Regional Director