



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