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FORM NO. IRD/HON-3A

**HONORARIUM RECOMMENDATION FORM (For Institute Supporting Staff)  
(FOR USE OF PI/CI)**

**Instructions for PI/CI"**

- 1 Use separate forms for recommending honorarium from different project/consultancy.
- 2 **Honorarium claims will be processed four times in a financial year in four cycles (Cycle 1: covering months from March to May, Cycle 2: covering months from June to August, Cycle 3: covering months from September to November: Cycle 4: covering months from December to February).**
- 3 In special situation, where a project/consultancy is closing earlier than the applicable cycle period, special request may be made to release such payment, irrespective of the cycle, by submitting both IRD/HON-3 and IRD/HON-3A forms.

**Instructions for Staff:**

At the end of each cycle, submit this and other IRD/HON-3A forms received by you along with completed Summary Cover Sheet IRD/HON-3 to HoD/HoC for onward submission to IRD Accounts.

1	Name of the Employee:					
2	Employee Code:					
3	Department/Centre:					
4	Project/MI/Consultancy No.:	No. .... <b>Closure date:-</b> .....				
		In case of MI, specify its nature (a) Conference/ workshop/seminar/courses/symposium:  (b) Other (please specify its nature briefly): .....				
5	Budget Head (B/H) from which honorarium is to be paid	Salary                      Contingency  If any other, pls. specify the B/H .....				
6	Honorarium recommended for payment:	<b>Financial year :-</b> (Tick the applicable cycle)				<b>Amount (Rs.)</b>
		Cycle 1	Cycle 2	Cycle 3	Cycle 4	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		1. Mar	June	Sep	Dec	
		2. April	July	Oct	Jan	
		3. May	Aug	Nov	Feb	
		<b>TOTAL</b>		In Figures:		
				In words:		
7	<b>Specify work(s) performed by the employee, justifying the proposed honorarium under the above project</b>	<b>Note: Without mention of specific details, form will be returned.</b>				

It is certified that Mr./Ms. \_\_\_\_\_ has spent adequate time and effort for the project/consultancy activities as specified at Sl. No. 7 above, without affecting his/her assigned duties of the department/center.

**To be submitted to HoD/HoC along with Form No. IRD/HON-3.** Signature of PI/CI \_\_\_\_\_

Name of PI/CI \_\_\_\_\_  
Date \_\_\_\_\_ PABX/Mobile No. \_\_\_\_\_