



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 thrice in a financial year in three cycles (Cycle 1:** covering months from April to July, **Cycle 2:** covering months from August to November, **Cycle 3:** covering months from December to March).
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. Closure date:- <u>In case of MI, specify its nature</u> (a) Conference/ workshop/seminar/courses/symposium: <input type="checkbox"/> (b) Other (please specify its nature briefly): <input type="checkbox"/>			
5	Budget Head (B/H) from which honorarium is to be paid	Salary <input type="checkbox"/> Contingency <input type="checkbox"/> If any other, pls. specify the B/H,			
6	Honorarium recommended for payment:	Financial year :- - (Tick the applicable cycle)		Amount (Rs.)▼	
		<input type="checkbox"/> Cycle 1	<input type="checkbox"/> Cycle 2		<input type="checkbox"/> Cycle 3
		1.	April	August	December
		2.	May	September	January
		3.	June	October	February
		4.	July	November	March
		TOTAL	In Figures:		
		In words:			
7	Specify work(s) performed by the employee, justifying the proposed honorarium under the above project	<p style="text-align: right;"><i>Note: Without mention of specific details, form will be returned.</i></p>			

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. _____