

Indira Gandhi National Centre for the Arts
Sutradhara Division (Establishment Section)
Selection Committee Meeting

1. NAME :
2. Address :
3. Conveyance (If any) :
4. Sitting Fee/Date :
5. Purpose of Visit :
6. Please provide the following details:
 - (i) Name of the bank :
 - (ii) Bank Account No :
 - (iii) Branch of the Bank :
 - (iv) IFSC Code No :
 - (v) PAN No :

(Signature of the Expert)
Contact No.

(Countersigned)
Director (Admn)

RECEIPT

Passed for the payment of Rs. _____ (Rupees) _____

(Accounts Officer)

RECEIPT

Received Rs. _____ (Rupees) _____
From IGNCA.

(Signature of the Expert)