

**Central University of Haryana**  
Consultancy Fee Performa

Name of client	
Department & Address	
Reference/request letter No.	
Phone No. & Email	
GST No.	
Name of work	
Amount paid	
Cheque No./DD No./UTR No./NAFT/RTGS etc. and date <b>(Receipt to be attached)</b>	

Date:

Signature of client

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**For use in University Consultancy Cell:**

Payment amounting to Rs. ....(including GST Rs.....) received in the University Consultancy Cell Account vide Cheque No./DD No./UTR No./NAFT/RTGS etc.:.....Dated.....for the Project No ..... of Consultant.....

Lower Division Clerk  
(University Consultancy Cell)

CUH/2022/UCC/.....

Date: