

GUEST FACULTY HONORARIUM CLAIM FORM

1. School:
2. Department :
3.Name of Guest Faculty:

4. A/C.No. :

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IFSC Code

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Bank Name

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PAN No.

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Honorarium for the month / Year of : _____

5. Subjects code(s) allotted to Guest Faculty as per time table:
(enclose Time-Table)

6. Details of subjects handled:

Sl.No	Date	subject code	Class time as per time table	Total No. of Hours

Total No. of Hours Taken : _____ hours Total Amount claimed : Rs _____

Signature of the Guest Faculty

CERTIFICATE

Certified that Dr _____ has handled the above classes for the month of _____ as per the allotted time table based on UGC Guidelines on Guest Faculty Honorarium and subject allotment.

HEAD OF THE DEPARTMENT.
(Seal)

The claim of Guest Faculty for Rs. _____ as above are verified and recommended.

DEAN

- Encl : a) Time Table
b) Appointment order