NETAJI SUBHAS INSTITUTE OF TECHNOLOGY
AZAD HIND FAUJ MARG,SECTOR 3, DWARKA
NEW DELHI-110078

Bill for claiming remuneration/honorarium for delivering lecture/conducting labs, classes by invited Part Time Teachers.

1. Name of the Teacher :
2. Address :
3. Phone No. :
4. Category A/B/C :
5. Period of Claim :
6. Department :
7. PAN NO. (Photocopy enclosed)
8. Bank Name. & A/c. No
9. IFSC CODE :
10. Reference No. F. :
11. Detail of Classes taken :

S.No.	Date	Timing of Classes	Duration in Hrs.	Rate of Remuneration	Remarks

Total Hours

Total Remuneration (In figure & Word)

(Signature of Guest Faculty)

12. Certificate (by the claimant):

Certified that:

a. I have delivering lectures/conducted labs, classes during the month of _____ for _____ hrs. as per the details given on page 1.
b. The amount claimed in this bill has not been claimed by me earlier.

Signature of Teacher _____

Name _____

Designation _____

Dated:

13.Verified by the Course Coordinagtor/ERC/Co-ERC (Please tick whichever is applicable)
(i) Course Coverage/Lab experiments are as per teaching schedule Y/N
(ii) Mid Semester answer books have been evaluated and result has been displayed/lab evaluation (out of 30) has been submitted Y/N
(iii) End Semester answer book have been evaluated and result has been submitted/End Sem. Practical Exam result has been submitted. Y/N

(Signature of the Course Coordinator/ERC/CO-ERC)

14. Verification by the departmental Time-Table Coordinatore

Certified that I have verified the claim of the invited teacher mentioned in this bill for conducting classes during the month of _____ 201____ and found the same to be correct.

(Signature of Departmental Time Table Co-Ordinator)

Certified that prior approval of the competent authority for the teacher named above has been obtained.

(Signature of the HOD/A.HOD)

copy to
① Co-ordinator with the request to upload the Institute website.

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CONVEYANCE ALLOWANCE FOR INVITED FACULTY STAFF

Name of Teacher :
ADDRESS :
CATEGORY :

S.No.	DATE	RATES FOR CONVEYANCE ALLOWANCE CATEGORY A & B= Rs.800/- CATEGORY C = RS. 500/-	AMOUNT PAYABLE
			TOTAL:

SIGNATURE OF THE FACULTY

Copy to :-

Coordinator CIMS. with the request to place institute website.