

## ACAD FORM – 2



**SRI VENKATESWARA INSTITUTE OF MEDICAL SCIENCES**  
(A University established by an act No.12/95 of A.P. State Legislature)  
**TIRUMALA TIRUPATI DEVASTHANAMS, TIRUPATI**

**REMUNERATION CLAIM FOR THE CLASS WORK**

From

To  
The Director-cum-VC  
SVIMS University  
Tirupati.

Date: \_\_\_\_\_

Sir,

Ref: Proceedings No. \_\_\_\_\_ Dt: \_\_\_\_\_

\* \* \*

I am herewith furnishing the details of classes taken for \_\_\_\_\_ students of \_\_\_\_\_ Batch \_\_\_\_\_ a.y. / semester in \_\_\_\_\_ subject. I request you to advise the concerned for payment of remuneration as per the reference cited at the earliest.

Month & Year	No. of Teaching hours claimed [theory/practical]	Amount (in Rs.)

Date:

Signature of the faculty

(For Office use only)

**DETAILS OF REMUNERATION**

No. of hours allotted	No. of hours already claimed	No. of hours now claimed	Balance hours if any	Remuneration per hour	Total amount (in Rs.)

Certified that the particulars mentioned above are correct to the best of my knowledge, entered in the register and the remuneration may be paid.

Date:

Faculty i/c

**Course-in-charge with seal**

**REGISTRAR**

From

To  
The Director-cum-VC  
SVIMS  
Tirupati.

**DETAILS OF CLASS WORK**

SNo.	Date	Classes taken		No. of hours
		From	To	
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
Total (in words):				

Signature of the Guest Faculty

Signature of the HOD

---

**(For Office use)**

Certified that the above faculty have taken \_\_\_\_\_ [hours] of classes to the students of \_\_\_\_\_ [course] belongs to \_\_\_\_\_ [semester/year] \_\_\_\_\_ [subject] and forwarded for payment of remuneration.

Principal i/c COP/CON /  
HOD - BT/BI

Coordinator  
BT& BI / M.Sc (Med)/ Prof. i/c AHS

Note:

*The claims received on or before 10<sup>th</sup> in each month will be processed and paid in the same month.*