

ACAD FORM – 2

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 10th in each month will be processed and paid in the same month.