

SRI VENKATESWARA INSTITUTE OF MEDICAL SCIENCES, TIRUPATI

ACADEMIC SECTION

ACAD FORM – 2

REMUNERATION CLAIM FOR CONTRACT FACULTY

Claim No.

From

To

The Director-cum-VC

SVIMS

Tirupati.

Date: _____

Sir / Madam,

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 claimed already	No. of hours claimed now	Balance hours	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:

**Signature of
Faculty i/c**

**Signature of
Course-in-charge**

**Principal
with seal**

REGISTRAR

From

To
The Director-cum-VC
SVIMS
Tirupati.

DETAILS OF CLASS AS TAKEN

SNo.	Date	Class Timings		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 has 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)/ Principal i/c AHS