GUEST FACULTY SALARY CLAIM FOR THE MONTH OF...........................

Name of the Department:

Name of the Guest Faculty:

Bank A/C No:

IFSC Code:

Name of the Bank & Branch:

Date	Time	Title of the Subject handled	Classes handled per day	Rate per hour/Class	Total
Grand Total					

Certified that Shri/Smt............................ ..... has handled the above classes. Hence, the honorarium of

Rs..................Claimed may be sanctioned for payment.

Signature of the HOD
with seal