

PARVATIBAI CHOWGULE COLLEGE OF ARTS & SCIENCE, AUTONOMOUS, MARGAO GOA
 FORM FOR CLAIMING REMUNERATION ON LECTURE BASIS: **PG/Diploma PROGRAMMES**

SELF FINANCED

Department : _____

Name of the Teacher : _____

Month & Year : _____

S. N.	Class	Paper	Week 1	Week 2	Week 3	Week 4	Week 5	Total
			Dates					
1.	M.A./M.Sc. Part-I	Theory						
		Practical						
2.	M.A./M.Sc. Part-II	Theory						
		Practical						
3.	PGDGIS/ PGDCG&MLT /DIPLOMA	Theory						
		Practical						
4.	CERTIFICATE COURSE	Theory						
		Practical						
TOTAL								

(Tick As Applicable & Teachers are required to show weekly split and monthly totals)

Signature of Teacher with date: _____

C E R T I F I C A T E

(To be certified by HoD/Program Coordinator & All the attached attendance sheets to be duly countersigned by HoD/Program Coordinator)

The workload for the program/certificate course for the academic year _____ are _____ Lectures per week (**1 Hour**). The workload **allotted** to the concerned teacher is _____ Lectures per week (**1 Hour**) and the **Total** Lectures of the concerned teacher for the month of _____ are _____.

Total Lecture: _____ **Amount Per Lecture:** _____ **Total Amount:** _____

Remark by HoD (if the total number of lectures are exceeding the allotted lectures per month):

Signature with date : _____

Name of HoD/Program Coordinator : _____

Department : _____

Submitted to Vice Principal

Rs. _____ * for the Month of _____ from Self-Financed. (***To be checked by Admin In-charge for salary billing with signature**)

Signature with date : _____

Name : _____

Submitted to Principal

Passed for payment from Self-Financed

Signature with date : _____