

PARVATIBAI CHOWGULE COLLEGE OF ARTS & SCIENCE, AUTONOMOUS, MARGAO GOA
FORM FOR CLAIMING REMUNERATION ON LECTURE BASIS: UG/PGDCA PROGRAMME
GOVT. AIDED/ MANAGEMENT/SELF FINANCED(Tick As Applicable)

Department : _____
 Name of the Teacher : _____
 Month & Year : _____

S. N.	Class	Paper	Week 1	Week 2	Week 3	Week 4	Week 5	Total
			Dates					
1.	F.Y.B.A./B.Sc. /B.Voc.	Theory						
		Practical						
2.	S.Y.B.A./B.Sc. /B.Voc.	Theory						
		Practical						
3.	T.Y.B.A./B.Sc. /B.Voc.	Theory						
		Practical						
4.	P.G.D.C.A.	Theory						
		Practical						
TOTAL								

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

Signature of Teacher with date: _____

CERTIFICATE

(To be certified by HoD & All the attached attendance sheets to be duly countersigned by HoD)
 In the claim of Govt. Aided program, it is certified that the workload is restricted within the frozen workload.

The frozen workload of the department during the academic year **2014-2015** are _____ Lectures per week. **(Not applicable for self-finance programme)**

The workload of the department 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: Rs. 750/- Total Amount:** _____

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

Signature with date : _____
 Name of HoD : _____
 Department : _____

Submitted to Vice Principal

Rs. _____ * for the Month of _____ from Govt. Aided/Management/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 Govt. Aided/Management/Self Financed.

Signature with date : _____