

To,

The Director Teaching & Admissions/Treasurer

Subject:-REMUNERATION/HONORARIUM CLAIM OF VISITING/EXTRA CLASSES OF

Mr. _____ DESIGNATION: _____ FOR THE MONTH

OF: _____ YEAR: _____

Dear Sir,

The following claim for visiting/ extra classes delivered by me as per following details is forwarded to your good office for payment.

S.No	Program	Semester	Deptt.	Name of course	No of classes	Rate per Class Rs.	Total claim Rs.
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
Total Rs.							

Documents attached are:

- i. Copy of Teacher time table attested by the HOD concerned.
- ii. Copy of the certificate of visiting/extra classes taken attested by the HOD concerned.
- iii. Copy of Bio metric attendance of visiting lecturer duly verified by the Biometric in charge.
- iv. Appointment letter/extension letter issued by the Office of Registrar.

Yours Sincerely

Signature: _____

Name: _____

Designation: _____

CERTIFICATE FOR PAYMENT OF VISITING / EXTRA CLASSES TAKEN

It is certified that Mr. _____ Designation. _____

Department. _____ Status:(Regular/Contract/Visiting/DW/Ad-hoc) has taken following classes in the department of _____ as per his Teacher time table in the Month of _____ for the Fall/Spring Semester 202__ Session _____.

S.No	Day	Date	Program	Semester	Course	Rate per lecture	Total claim
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
Total Rs							

It is further certified that relevant student attendance record/course work etc.. has been checked and found correct as per rules. Accordingly the above claim is recommended for payment please.

Signature: _____

Name: _____

HOD: Department of: _____



SHAHEED BENAZIR BHUTTO UNIVERSITY SHERINGAL UPPER DIR,
Khyber Pakhtunkhwa, Pakistan

(Annexure-B)

TEACHER TIME TABLE

Department: _____ Semester: _____ Session: _____

Name of faculty member: _____ Designation: _____ Status : (Reg/Cont/Adhoc/DW/Visisting)

Days/Class	Monday	Tuesday	Wednesday	Thursday	Friday
09-10 Deptt: Sem: Subj:					
10-11 Deptt: Sem: Subj:					
11-12 Deptt: Sem: Subj:					
12-01 Deptt: Sem: Subj:					
01-02 Deptt: Sem: Subj:					
02-03 Deptt: Sem: Subj:					
03-04 Deptt: Sem: Subj:					
04-05 Deptt: Sem: Subj:					
Total credit hours					

Signatures with Name and Stamp of HOD (Parent Department)