Details of Exam duty performed by the visiting faculty for payment of exam remuneration

Name: _____ Designation: _____ Department: _____

S.No.	Day	Date	Program	Semester	Department	Name of course / Subject	Duration of Paper in hours	Rate per Hour	Total Claim
1	2	3	4	5	6	7	8	9	10=8x9

Name & Signature of Claiment

Documents attached:

1 Copy of the date sheet showing name of visiting lecturer who performed exam duty.
2 Copy of Biometric attendance.
3 Appointment letter issued by the Registrar office.