**Claim form of Teaching Assistanship**

1. Name of Teaching Assistant :
2. Roll No. :
3. Department/Centre :
4. Reference Order No. (copy enclosed):
5. Semester : Year: Month:
6. Period of claim :
7. Details of class record:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Month** | **Cour code and title** | **Class module (Tutorial/Lab.)** | **Date of class taken** | **Duration of class** | **No. of student in class** |
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1. Total Class Taken:
2. Amount of TA Claim :

Signature of TA with date

Recommended and forwarded for payment:

Sig. of Head,

Dept. of ……………..

Dated:

*\*Note: Submit PFMS format along with the claim bill.*