TEZPUR UNIVERSITY

Claim Form for Guest Faculty

Bill No. Date :

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| 1. | Host Department |  |
| 2. | Engaged/invited vide Office order NO |  |
| Date |  |
| Valid up to |  |
| 3. | Name |  |
| Nature of Duty |  |
| Period of Stay (in month) |  |
| Remuneration admissible |  |
| Travelling Allowance  TA bill to be attached) |  |
| Miscellaneous |  |
| 4. | Total Classes taken |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sl.No | | Date | | Classes | | |
| Theory | Lab/Practical  *(in hours)* | Total |
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| Total | | |  | |  |  |

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| ₹ |

Total Remuneration :

(in words) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_only

Certified by Signature of Claimant

(on affixed revenue stamp)

Head, Dept. of……………………………………. Date :

**For office use only**

**Passed for payment of** ₹ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(In words) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_only.

Dealing official Finance Officer/Authorised Signatory

­­­­­­­­­­­­­­­­­­­­­­­­­­­**. Enclosures:**

1. A Copy of the office order
2. A duly certified copy of the attendance register, by the Head of the Department.
3. TA Bill (if any)