

THIAGARAJAR COLLEGE OF ENGINEERING, MADURAI – 625 015 (A Govt. Aided ISO 9001: 2008 Certified, Autonomous Institution Affiliated to Anna University)

REMUNERATION CLAIM FORM OF ADJUNCT FACULTY FOR THE PERIOD OF_____TO____

Total Remuneration Admissible Adjunct Faculty Bank Details Account Holder's Name Name of the Bank which claim is to be reimbursed Branch Name of Bank Account Number I IFSC Code PAN Date: Signature of the Adjunct Faculty Based on the records maintained by the department it is certified that appointed as Adjunct Faculty vide order nohas providedno chours of contribution during the period of with total admissible honorarium of Rs/-	For Accounts Use Only Checked by:Passed For Rs:							
Faculty Appointment Order No. & Date (if any) Host Department Course Code & Name Total No. of Hrs of Contribution (Maximum of 50hrs) Adjunct Faculty Bank Details Account Holder's Name Name of the Bank which claim is to be reimbursed Branch Name of Bank Account Number I IFSC Code PAN Signature of the Adjunct Faculty Based on the records maintained by the department it is certified that Prof./Dr./Mr./Msappointed as Adjunct Faculty vide order nohas provided no contribution during the period of with total	Staff Coordinator H			Principal				
Faculty Appointment Order No. & Date (if any) Host Department Course Code & Name Total No. of Hrs of Contribution (Maximum of 50hrs) Adjunct Faculty Bank Details Account Holder's Name Name of the Bank which claim is to be reimbursed Branch Name of Bank Account Number I IFSC Code PAN Date: Signature of the Adjunct Faculty Based on the records maintained by the department it is certified the Prof./Dr./Mr./Ms	adm	issible honorarium of Rs	/-					
Faculty Appointment Order No. & Date (if any) Host Department Course Code & Name Total No. of Hrs of Contribution (Maximum of 50hrs) Adjunct Faculty Bank Details Account Holder's Name Name of the Bank which claim is to be reimbursed Branch Name of Bank Account Number I IFSC Code PAN Date: Signature of the Adjunct Faculty Based on the records maintained by the department it is certified the Prof./Dr./Mr./Msappointed as Adjunct	hou	rs of contribution during the p	period	of with total				
Faculty Appointment Order No. & Date (if any) Host Department Course Code & Name Total No. of Hrs of Contribution Total Remuneration Admissible Adjunct Faculty Bank Details Account Holder's Name Name of the Bank which claim is to be reimbursed Branch Name of Bank Account Number I IFSC Code PAN Date: Signature of the Adjunct Faculty Based on the records maintained by the department it is certified that	Facu	ulty vide order no		has providedno of				
Faculty Appointment Order No. & Date (if any) Host Department Course Code & Name Total No. of Hrs of Contribution Total Remuneration Admissible Adjunct Faculty Bank Details Account Holder's Name Name of the Bank which claim is to be reimbursed Branch Name of Bank Account Number I IFSC Code PAN Date: Signature of the Adjunct Faculty Based on the records maintained by the department it is certified that								
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Appointment Order No. & Date (if any) Host Department Course Code & Name Total No. of Hrs of Contribution (Maximum of 50hrs) Adjunct Faculty Bank Details Account Holder's Name Name of the Bank which claim is to be reimbursed Branch Name of Bank Account Number IFSC Code	Dat	e: S	Signatu	ure of the Adjunct Faculty				
Appointment Order No. & Date (if any) Host Department Course Code & Name Total No. of Hrs of Contribution (Maximum of 50hrs) Total Remuneration Admissible Adjunct Faculty Bank Details Account Holder's Name Name of the Bank which claim is to be reimbursed Branch Name of Bank Account Number	12	PAN						
Faculty Appointment Order No. & Date (if any) Host Department Course Code & Name Total No. of Hrs of Contribution Total Remuneration Admissible Adjunct Faculty Bank Details Account Holder's Name Name of the Bank which claim is to be reimbursed Branch Name of Bank	11	IFSC Code						
Faculty Appointment Order No. & Date (if any) Host Department Course Code & Name Total No. of Hrs of Contribution Total Remuneration Admissible Adjunct Faculty Bank Details Account Holder's Name Name of the Bank which claim is to be reimbursed	10	Account Number						
Faculty Appointment Order No. & Date (if any) Host Department Course Code & Name Total No. of Hrs of Contribution Total Remuneration Admissible Adjunct Faculty Bank Details Account Holder's Name Name of the Bank which claim is to	9	Branch Name of Bank						
Faculty Appointment Order No. & Date (if any) Host Department Course Code & Name Total No. of Hrs of Contribution Total Remuneration Admissible Adjunct Faculty Bank Details	8)					
Faculty Appointment Order No. & Date (if any) Host Department Course Code & Name Total No. of Hrs of Contribution Total Remuneration Admissible	7	Account Holder's Name						
Faculty Appointment Order No. & Date (if any) Host Department Course Code & Name Total No. of Hrs of Contribution (Maximum of 50hrs		Adjunct Faculty Bank Details						
Faculty Appointment Order No. & Date (if any) Host Department Course Code & Name								
Faculty Appointment Order No. & Date (if any) Host Department				(Maximum of 50hrs)				
Faculty Appointment Order No. & Date (if any)		•						
Faculty		any)						
	1	Faculty	:					

Finance Officer: Date:

Rs.	Manager / Bursar / Principal	(Name in Block Letters) Designation :
	Passed	Signature
оп ассоинt o <u>f</u>		
the sum of Rupees		
	Principal Thiagarajar College of I	
Head of account :		Date :20



Date:

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Annexure A

DETAILS OF ADJUNCT FACULTY CONTRIBUTIONS

		FOR THE PE	RIOD OF_	то_	
	ne & Des ulty	signation of th	e Adjunct		
Hos	t Depart	ment			
S.NO	Date	Duration/ No of Hrs	Title of	Contribution	Related with (Teaching/Service/ Training/Research & Consultancy
		Tota	l no of Hr	s of Contributio	on:
Staff	Coordin	ator CI	-C(FD)	DLC(FD)	Adjunct Faculty
Certifi	ed that	Prof./Dr./M	r./Ms		has provided
				, the honorariur	n of Rsclaimed
may b	e sanctio	oned for paym	ient.		

Signature of HOD