



**REMUNERATION CLAIM FORM OF ADJUNCT FACULTY  
FOR THE PERIOD OF \_\_\_\_\_ TO \_\_\_\_\_**

1	Name & Designation of the Adjunct Faculty	
2	Appointment Order No. & Date (if any)	
3	Host Department	
4	Course Code & Name	
5	Total No. of Hrs of Contribution	(Maximum of 50hrs)
6	Total Remuneration Admissible	
<b>Adjunct Faculty Bank Details</b>		
7	Account Holder's Name	
8	Name of the Bank which claim is to be reimbursed	
9	Branch Name of Bank	
10	Account Number	
11	IFSC Code	
12	PAN	

**Date:**

**Signature of the Adjunct Faculty**

Based on the records maintained by the department it is certified that **Prof./Dr./Mr./Ms.** \_\_\_\_\_ appointed as Adjunct Faculty vide order no \_\_\_\_\_ has provided \_\_\_\_\_ no of hours of contribution during the period of \_\_\_\_\_ with total admissible honorarium of Rs. \_\_\_\_\_/-

**Staff Coordinator**

**HOD**

**Principal**

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**For Accounts Use Only**

**Checked by: ..... Passed For Rs: .....**

**Finance Officer: ..... Date: .....**

Head of account :

Date : .....20

Received From **The Principal Thiagarajar College of Engineering Madurai - 15.**  
(A Govt. Aided Autonomous Institution Affiliated to Anna University)

*the sum of Rupees* .....

.....

.....

*on account of* .....

.....

.....

Passed

Signature

Rs.

**Manager / Bursar / Principal**

\_\_\_\_\_  
(Name in Block Letters)

Designation :

