

Ch. Devi Lal, State Institute of Engg. & Technology, Panniwala Mota (Sirsa)

Remuneration Bill of Guest Faculty for the month of _____202__	
Department/Branch:	
Name of Guest Faculty	
Date of Joining/ adjustment	
Total weekly Teaching Load as per time table	
Casual/ Medical Leave availed during themonth.	CL : ML : DL:
Total no. of absent day's alongwith dates, during the month.	
Number of days, for which remuneration is admissible in this month.	
Rate of Remuneration	Rs. 55,500/- per month.
Remuneration for the month	Rs. _____ (Rupees _____)

1. It is certified that I have taken the classes as per allotted Teaching Load/Time Table.
2. I have not performed any other duty/work at any other place other than the work assigned to me by the institute.
3. I have attended the Institute full day as per time/ schedule fix for the Institute.
4. I hereby undertake that any payment, if found to have been made as a result of incorrect calculation or any excess payment detected in the light of discrepancies noticed subsequently will be refunded by me to the Government either by adjustment against future payment due to me or otherwise.

Dated

Signature of Guest Faculty
Name: _____

Verification by the Head of the Department:

1. Attendance and Remuneration Bill is verified for Rs. _____ (In words) _____) for the Month of _____20__as per instruction of Haryana Government order vide Endst. No. 44/39/2019-1TE dated 22.12.2022
2. The teaching work load has been given to the above mentioned guest faculty as per instruction of Haryana Government order Endst. No. 44/39/2019-1TE dated 22.12.2022.

Dated:

Head
Department of _____

Verification by the Administration Office

Remuneration bill verified for Rs. _____ for the number of Days _____. Further Accounts Officer may check the above amount before disbursement.

Deputy Registrar

Dealing Assistant

Officer-in-Charge
Administration

Account Branch