ANNEXURE -IV-A

DEVI AHILYA VISHWAVIDYALAYA, INDORE

Department/School/Centre _____

DETAILED REMUNERATION SHEET

(Date with Duration)

UVFIN (Unified Visiting Faculty ID No.) | | | | | | | | | | |

Name of the Visiting Faculty : ----------

Month : ---------- Year : ---------- Date of Submission ----------

Program Covered : ----------

Page Number of Attendance Register : ----------

Date	Day	Subjects	Duration			
			Theory (hr)	Tutorial (hr)	Practical (hr)	Others (hr)
		Total Classes				
Remuneration (Theory + Tutorial)						
Remuneration (Practical)						
Remuneration (Other)						
Total Remuneration :		In Words :				

This is certified that above classes were engaged as per teaching assignment (Time Table) given.

Signature with Name of Visiting Faculty

HEAD
(Name and Seal)