



TRIPURA UNIVERSITY
SURYAMANINAGAR:799022
REMUNERATION BILL (GUEST FACULTY)

1. Name of the guest faculty :
(in capital letters)
2. Name of the Department :
3. Billing period : Fromto.....201
(Mention date/month/year)
4. Total lecture/ assignment hours : 2 hour lecture X no of class = hour
1 hour lecture X..... no of class = hour
Total hour =

(Total lecture hours is to be converted in number of Lectures of 1 hrs.)

- 5.(a) Rate of remuneration per Classes of 1 hours is Rs. 1000/ for Guest Faculty but not exceed Rs. 25000/- P.M.
- (b) Rate of remuneration per Classes of 1 hours is Rs. 150/ for non NET Fellowship holder.

6. Total amount of Remuneration Rs. =
(In word: Rupees..... only).

7. (a) Name of Bank :

(b) Bank account no:

(c) Branch address :

IFSC:

, Pan Card No:

Full signature of the guest teacher

Mobile No:

Certified that Dr/Mr/Mrs/Ms..... has taken numbers of 1 hour classes in the Department of.....
He/ She is a guest faculty as well as a research scholar getting stipend (strike out the line, if not applicable)

Signature and seal of the H.O.D.

OFFICE USE

Certified that Dr/Mr/Mrs/Ms.....has taken..... numbers of 1 hours classes in the department of.....His/her rate of remuneration is Rs. Per 1 hrs. lecture (Rupees.....) only may be paid for the period.....to.....

Director (i/c), CDC, TU.

- Note :
1. Please be sure that you have a bank account in any branch of State bank of India.
 2. Please submit your bill of previous month within 4th working day of present month in the office of undersigned and retain a Xerox copy of the same with you.
 3. Income Tax is deductible as per rules.
 4. Please attach a Xerox copy of appointment letter.