



DEPARTMENT OF _____

Remuneration of Faculty Members

Fall Semester, 2021

Name of Faculty/Title of Account: _____

Bill Claim for the period: _____

Program/Semester: _____

Department: _____

Date of Bill Submission: _____

S No	Course Name	Credit Hours	Total Credit Hours Delivered	Amount
1			1.5 x =	Rs.
2			1.5 x =	Rs.
Total Amount in Figures:				Rs.
Amount in Words:				
Account details:				
Bank Name. _____ A/C No: _____				

Rate: Assistant Professor. Rs. 1000/-, Lecturer Rs. 900/-, Teaching Associate. Rs. 850/-

Prepared by
Instructor

Checked & Verified by
Chairperson/HoD

Approved by
Dean

Treasurer
UoBS

Resident
Audit