

CHB Remuneration Form for the year 2021-22

GRANT UNIT

Name of the Department: _____

Name of the Teacher : _____

Name of Paper Taught : _____

Remuneration for the Month :- From / / To / /

Sr. No.	Particulars	Duration	No. of Lectures/Practicals Taken	No. of Lect/ Pract. In Hour (Col 4*3/60)	Rate FOR 60 Min	Amount
1	2	3	4	5	6	7
Part (A) :- Arts Faculty (Qualified Teacher)						
1	FYBA	48 Min.			625	
2	SYBA	48 Min.			625	
3	TYBA	48 Min.			625	
4	MA -I	60 Min.			750	
5	MA -II	60 Min.			750	
Total Amount =						
Part (B) :- Arts Faculty (Unqualified Teacher)Above limit						
1	FYBA	48 Min.			300	
2	SYBA	48 Min.			300	
3	TYBA	48 Min.			300	
4	MA -I	60 Min.			300	
5	MA -II	60 Min.			300	
Total Amount =						
Part (C) :- Science Faculty Lectuers (Qualified Teacher)						
1	FYBSc	50 Min.			625	
2	SYBSc	50 Min.			625	
3	TYBSc	50 Min.			625	
4	MSc -I	60 Min.			750	
5	MSc -II	60 Min.			750	
Total Amount =						
Part (D) :- Science Faculty Lectuers (Unqualified Teacher)/(Above limit)						
1	FYBSc	50 Min.			300	
2	SYBSc	50 Min.			300	
3	TYBSc	50 Min.			300	
4	MSc -I	60 Min.			300	
5	MSc -II	60 Min.			300	

Total Amount =						
Sr. No.	Particulars	Duration	No. of Lectures/Practicals Taken	No. of Lect/ Pract. In Hour (Col 4*3/60)	Rate per 60 min	Amount
1	2	3	4	5	6	7
Part (E) : - Science Faculty Practicals (Qualified Teacher)						
1	FYBSc	200 Min			250	
2	SYBSc	260 Min.			250	
3	TYBSc	260 Min.			250	
4	MSc -I	240 Min.			300	
5	MSc -II	240 Min.			300	
Total Amount =						
Part (F) : - Science Faculty Practicals /(Above limit)						
1	FYBSc	200 Min			200	
2	SYBSc	260 Min.			200	
3	TYBSc	260 Min.			200	
4	MSc -I	240 Min.			200	
5	MSc -II	240 Min.			200	
Total Amount =						

Total of Part () + Part () = _____ + _____ =Rs. _____/-

Date :-

Place:- Pune

Signature of Teacher

Remarks of the Head Department of _____

Claim of Remuneration may be / may not be sanctioned

Date :-

Place:- Pune

Signature of Head

Bill Passed for Payment

Accounts Clerk

Accountant

Registrar

Principal

The amount is paid by Cheque No. _____ dt. _____

Name of bank : _____ Branch: _____

Please attach following documents with this form.

- 1) Appointment order, 2) Qualification papers, 3) Timetable copy sign by HOD,
- 4) Attendance Sheet monthwise duly signed by HOD.