MES Abasaheb Garware College, Pune - 411004.

CHB Remuneration Form for the year 2026-27

GRANT UNIT

Name of the Department: _____

Name of the Teacher : _____

Name of Paper Taught : _____

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

Acc No Bank Name Pan No IFSC Code

Sr. No.	Particulars	Duration	No. of Lectures/Practicals Taken	Rate for Per Lecture as per college duaration per lecture	Rate FOR 60 Min	Amount (Col.4*5)
1	2	3	4	5	6	7
Part (A) : - Arts Faculty (Approved Teacher)						
1	FYBA	60 Min.		900	900	
2	SYBA	60 Min.		900	900	
3	TYBA	60 Min.		900	900	
4	MA -I	60 Min.		1000	1000	
5	MA -II	60 Min.		1000	1000	
Total Amount =						
Part (B) : - Arts Faculty (Unapproved Teacher)Above limit						
1	FYBA	60 Min.		300	300	
2	SYBA	60 Min.		300	300	
3	TYBA	60 Min.		300	300	
4	MA -I	60 Min.		400	400	
5	MA -II	60 Min.		400	400	
Total Amount =						
Part (C) : - Science Faculty Lectuers (Approved Teacher)						
1	FYBSc	60 Min.		900	900	
2	SYBSc	60 Min.		900	900	
3	TYBSc	60 Min.		900	900	
4	MSc -I	60 Min.		1000	1000	
5	MSc -II	60 Min.		1000	1000	
Total Amount =						
Part (D) : - Science Faculty Lectuers (Unapproved Teacher)/(Above limit)						
1	FYBSc	60 Min.		300	300	
2	SYBSc	60 Min.		300	300	
3	TYBSc	60 Min.		300	300	
4	MSc -I	60 Min.		400	400	
5	MSc -II	60 Min.		400	400	
Total Amount =						

Sr. No.	Particulars	Duration	No. of Lectures/Practicals Taken	Rate for Per Lecture	Rate FOR 60 Min	Amount (Col.4*5)
1	2	3	4	5	6	7
Part (E) : - Science Faculty Practicals (Approved Teacher)						
1	FYBSc (Major)	240 Min		1400	350	
2	SYBSc	240 Min		1400	350	
3	SYBSc (VSC)	240 Min		1400	350	
4	SYBSc (Minor)	240 Min		1400	350	
5	TYBSc	240 Min		1400	350	
6	MSc -I	240 Min		1800	450	
7	MSc -II	240 Min		1800	450	
Total Amount =						
Part (F) : - Science Faculty Practicals /(Unapproved Teacher)						
1	FYBSc (Major)	240 Min		400	200	
2	SYBSc	240 Min		800	200	
3	SYBSc (VSC)	240 Min		800	200	
4	SYBSc (Minor)	240 Min		800	200	
5	TYBSc	240 Min		800	200	
	MSc -I	240 Min		800	200	
	MSc -II	240 Min		800	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.