

Department of Technical Education U.P.

Session #

Name of Institute #

NAME : #

QUALIFICATION: #

MONTH	#	BANK NAME	#
BRANCH	#	ACCOUNT NO.	#
CONTACT NO.	#	IFSC	#

INFORMATION REGARDING CLASS AND MATERIAL PROVIDED TO STUDENT BY GUEST LECTURE

S No.	Date/Day	Time	Branch/Sem	SUBJECT_NAME	NUMBER OF LECTURES TAKEN(each period is of 50 mint)	
					(TH)	(PRAC)
Total Number of Lectures:						

Remuneration to Guest Lecturer

Th	400	Th*400
P	200	p*200
Total Amount		

Signature with date of guest lecturer

Max payable amount:

Bill payment is recommended

Head of the department

Academic Incharge

Principal