



Note: Please do not delete any item in the form, provide details as applicable, wherever information is not available mention N.A. The form may need to be sent back for corrections, if any item is changed or deleted.

FORM FOR PAYMENT FOR TEACHING ASSISTANT/TECHNICAL ASSISTANT/LAB STAFF

Course No. : _____

Batch No. : _____

Course Name & Dates: _____

Name of the Coordinator: _____

Name and details of Teaching Assistant/Technical Assistant/Lab Staff

S.No.	Name	Teaching Assistant/Technical Assistant/Lab Staff *	Date (Duration)	Total Hours	Rate per hour	Amount Claimed

Signature of the Course Coordinator

* The course coordinator and instructors may engage Institute Students (who may or may not be getting fellowship/assistantship) A maximum payment of Rs 5000 per hour, with total number of hours for which the payment can be made equal to number of the lecture hours in a course. Course Coordinator can also engage TA for the maximum of 20% of total number of the lecture hours in a course.



BILL PROFORMA (TA/Lab Staff)

1. Name : _____
2. Course Name : _____
3. Course Code : _____
4. Course Coordinator : _____
5. Department : _____

Particular of assignment for Teaching Assistant/Technical Assistant/Lab Staff	Date (Duration)	Total Hours	Rate per hour	Amount Claimed	
					1. Completion of work assigned to him/her. _____
					2. Verified and passed for payment.
					3. Certified the payment is actually due and being made for the first time.
Total Rs.					
(Rupees only) only) ● Bank A/c No.: _____ ● Bank and Branch: _____ ● IFSC Code: _____ ● Email ID: _____ ● Enroll No.: _____ ● Contact No.: _____					4. It is also confirm that the claimant has not been on un authorized absence during the period of above claims. Course Coordinator Coordinator, CEC
Signature of the claimant (with date)					

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