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DR. B R AMBEDKAR NATIONAL INSTITUTE OF TECHNOLOGY JALANDHAR

HONORARIUM CLAIM PROFORMA
(SUMMER / WINTER CONTACT COURSE)

Name of Faculty/Department : _____

Course Code/Title : _____

Period of Summer Course : _____
Attendance Record
(Please attach in original) : _____
Performance Evaluation Sheet
(Please attach in original) : _____
Grade Awarded
(With consent of overall Coordinator): _____
Amount Claimed : _____

Signature of concerned Faculty

Verification : _____

Receipt of Payment