

## PCP –REMUNERATION CLAIM FORM

YEAR \_\_\_\_\_ 2022 \_\_\_\_\_ Batch: Academic Year

<b>Program</b>		<b>Subject Code &amp; Subject Title</b>			
<b>Semester</b>					
<b>Employer ID</b>		<b>Faculty Name / Department</b>			
<b>Session No</b>	<b>LINK</b>	<b>Date</b>	<b>Time (From - To)</b>	<b>Total Hrs</b>	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
<b>Bank A/c No</b>		<b>Bank IFSC Code :</b>			
<b>Total No of Hrs taken</b>		<b>Amount per Hr (UG / PG)</b>		<b>Total amount in Rs</b>	

SMEs (Subject Matter Specialist)

PCP Coordinator – DDE

Academic Coordinator – DDE

Director DDE

Staff Bank Details

Name of the Account holder	
Bank Account Number	
Nature of Bank Account ( Salary Account Only)	
Name of the Bank	
Name and Address of The Bank	
IFS Code	
Mobile Number of Account Holder	
Employee ID	

Revenue Stamp for Exceeds (Rs.5000)
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PCP Coordinator - DDE

SMEs (Subject Matter Specialist)

Academic Coordinator - DDE

Director DDE