SRM | Directorate Of Distance Education

PCP –REMUNERATION CLAIM FORM

YEAR 2023 Batch No:_____ Calendar Year

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

SMEs (Subject Matter Expert) PCP Coordinator – DDE

Director DDE

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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)

PCP Coordinator – DDE

SMEs (Subject Matter Expert)

Director DDE