



**NOIDA INTERNATIONAL UNIVERSITY**  
**(ESTABLISHED UNDER U.P. LEGISLATURE ACT NO. 27 OF 2010)**

**MONTHLY REMUNERATION FORM FOR VISITING FACULTY**

1. Programme : .....
2. Subject(s) : .....
3. Hours of engagement required: .....
4. Appointment Authenticated By (Dept. /Director / HOD).....
5. Particulars of the Visiting Faculty:
  - (a) Name: .....
  - (b) Designation: .....
  - (c) Qualifications: .....

**Encl: Brief Bio-data & Copy of the appointment or offer letter, if any (only once)**  
**And the copy of verified monthly attendance / the copy of monthly bio metric attendance**

- (d) Address: .....
- (e) E Mail ID : ..... Mobile No.....
6. **Recommended Remuneration** (as applicable): Per hr / Per class / Consolidated lump sum for the month of: .....

  - (a) Remuneration (per hour) Rs . .....
  - (b) Total No. of hours of conduct of the classes Hrs. ....
  - (c) T.A/Univ Transportation (opted) - (Y/N) Rs . ....
  - (d) Grand Total Rs. ....

**Bank details for payment through NEFT/RTGS-**

Account Holder Name	Account No.	IFSC /NEFT Code	Name of Bank

(Date /Name & Signature of the Claimant)

Checked & Verified By: Director / HOD: \_\_\_\_\_

Name of the Director / HOD \_\_\_\_\_

Date: \_\_\_\_\_

<b>Recommended / Not Recommended</b> <b>( for the month of _____ )</b>	<b>Approved / Not Approved</b> <b>(for the month of _____ )</b>
<b>Registrar &amp; HR Head</b>	<b>Vice Chancellor</b>