## LECTURE FEE CLAIM FORM DETAILS OF LECTURES AND EXAMINATIONS CONDUCTED AT THE POSTGRADUATE INSTITUTE OF AGRICULTURE

Name of the lecturer	:
Board of Study	·
Programme	·
Course Title	:
Course No.	: No. of Units No. of Students :
Academic Year	: Semester

Date	Title of the lecture	Time period			No. of	Rate per	Amount
		From	То	Less: Break	hrs.	Hour (Rs.)	( <b>Rs.</b> )
		 Total I	Lecture 1	fees			
Add: S	Setting/ Moderating fees	100001			<u>I</u>		
	Supervision fees						
	Marking fees	No	. of Scri	pts			
	Typing fees			es			
				fees and E		ion fees	
		Less:		es, if any (			
		Net Pa		,,, <b>ii uii</b> (	10/0/10	.,.,	

I certify that I have conducted the lectures as shown overleaf according to the time in connection with the above course at the PGIA.

Date	Signature of Lecturer				
	given overleaf were conducted byto				
	necked with the entries in the department register and found				
Register folio No					
Payment is recommended					
Date	Chairman/Secretary, Board of Study				
Time given overleaf were checked wi found correct. <b>Register Folio No</b>	th entries in the attendance register maintained by PGIA and				