DAV INSTITUTE OF MANAGEMENT

NH-3, NIT FARIDABAD

SUMMARY

REMUNERATION PAYMENT

Visiting Faculty in the month of ……..Class……

S. No.	Name	No. of Hours	Remuneration per hour	No. of Visit	Conveyance per visit	Amount
				Total Amount		

FOR OFFICE USE ONLY

ACCOUNTS OFFICER **BURSAR** **PRINCIPAL DIRECTOR**