Performa for the Payment of Remuneration/Honorarium to the Visiting Faculty

Name of the Teacher: _____ Designation: _____

Bank A/C#_____ NTN# _____

Course Title: _____ Course Code _____ Credit Hour: _____

Program:_____ Month: _____

Total number of lecture delivered Theory: _____ Practical: _____

Date	Lecture	Date	Lecture	Date	Practical (Hours)	Date	Practical (Hours)

Sign of the Teachers:_____ Sign of HOD_____

Sign of HOD
(Parent Department)