

CENTRE FOR PROFESSIONAL DEVELOPMENT EDUCATION

ANNA UNIVERSITY :: CHENNAI - 600 025.

Claim for Remuneration – Project Guidance

Session :

Name of Faculty :

Designation :

Department :

Branch :

Semester :

Subject with Code No. :

Subject

Phase : I / II

Name of Bank :

Bank A/c. No.

PAN No. :

Sl. No.	Roll No.	Name of the Student	Amount (Rs.)
Total			

(Rupees)

Signature of Staff with date
Name with Seal

Signature of Class Advisor with date
Name with Seal

Signature of HOD with date
Name with Seal