

CENTRE FOR PROFESSIONAL DEVELOPMENT EDUCATION

ANNA UNIVERSITY :: CHENNAI - 600 025.

Claim for Remuneration – Project Review

Session :
Name of Faculty :
Designation :
Department :
Branch :
Semester :
Subject with Code No. :
Phase : I / II
Name of Bank :
Bank A/c. No.
PAN No. :

Sl. No.	Date	Review	No. of Students	Amount Claimed Rs.50/- per student (Subject to Maximum of Rs.500/-)	Incidental charges Rs.200/- per day	Total Amount (Rs.)
		I				
		II				
		III				
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