

## Monthly Report of Guest Faculty

Name of the Teacher with Designation :  
 Dept :  
 Month :  
 Total work load of the Month :  
 Actual hours Attended by the teacher :  
 Date and hours of duties attended in the month :

Date	Mon	Tue	Wed	Thu	Fri	Sat	Total
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							

Total hours engaged in the month :  
 Signature of the teacher :

Verified by HoD

Countersigned by Principal

For Office use

Number of hours engaged by the Teacher :  
 Remuneration to be paid (No of Hours x Amount/hr) :  
 In Figures :  
 In words :

Accountant

Superintendent