6 माइल, सामकुर, लाखेंग -737102 नंगरीक, सिक्किम, भारल फोन-03592-251212, 251415, 251656 टेलीफीक्स -251067 वेचसाइट - www.cus.ac.in



6^{se} Mile, Samdur, Tadong -737102 Gangtok, Sikkim, India Pb. 03592-251212, 251415, 251656 Telefax: 251067 Website: www.cus.ac.in

SU/2013/REG-03/RGF 2013-14/2552/1324

2015 में अल्लावित कोडीन किल्लविकालन) nd accredited by NAAC in 2015)

Dated: 22.11.2019

CIRCULAR - 380/2019

Subject:

Submission of Revised Guest / Visiting Faculty Remuneration Bill Claim Form within 2nd Working Day of every month.

This is for information to all HoD(s)/In-charge of Departments that previously there was a system of forwarding Guest/Visiting Faculty remuneration bill claim form within 7th of next month to Finance Department as a result the Guest /Visiting Faculty were receiving monthly remuneration after 15th of every month.

Henceforth, all HoD(s)/In-charge of Departments are requested to circulate the Revised Guest/Visiting Faculty remuneration bill claim form (copy enclosed) to all Guest/Visiting Faculty in the Department and forward the filled in complete claim form by 2nd working day of every month to Finance Department so that the Guest/Visiting Faculty will receive the monthly remuneration by 10th of every month.

[This Circular is issued with the approval of Hon'ble Vice-Chancellor]

(Debasish Pal) **Finance Officer**

Enclo: 1. Bill of Guest Faculty Remuneration 2. Details of classes taken Annexure - A

Copy to:

- 1. PS to the Vice-Chancellor for kind information of Vice-Chancellor
- 2. PS to the Registrar
- 3. PS to the Finance Officer
- 4. All HoD(s)/In-charge with request to circulate revised remuneration bill claim to Guest/Visiting Faculty in the Department
- 5. Internal Audit Officer
- 6. Mrs. Pooja Khilingay, LDC (F)
- 7. All Notice Boards
- 8. Guard File



Sikkim University Finance Department Bill of Guest/Visiting Faculty for the period ______ to _____

- 1. Name of the Guest/Visiting Faculty (in block letter)
- 2. Department in which lectures delivered
- 3. Reference to appointment order issued by Registrar
- 4. Contact Number
- 5. Total Bill Amount

(No. of Class) X (Rs. 1,500/- per Class)	Total Amount (Max. Rs. 50,000 p.m.)	
1		

6. PFMS Form No. 2 with my bank A/c details is submitted for online payment

Date:

Signature of the Guest/Visiting Faculty

:

Based on the records maintained by the department it is certified that Prof./Dr./Mr./Ms.______appointed as Guest Faculty vide order no. ______has taken ______classes during the month of ______ with total admissible honorarium of Rs.

Enclo: Details of classes taken in Annexure - A

	Signature of HoD / In-Charge
Date:	Seal

*Note: (i) All the Guest/Visiting Faculties are requested to submit the bills latest by 2^{nd} working day of every month and there should be only one bill for the month.

(ii) The details of the classes taken needs to be updated and certified by the each HoD/In-charge in the **Annexure A** (copy attached).

(iii) In case if you are a Sikkim Subject holder, please enclose self-certified copy of your CoI for seeing exemption from TDS at the time of 1st month claim.

(iv) Duty performed before/after the start/suspension of classes as per Academic Calendar may not be included while calculating the total number of classes taken.

(v) All new Guest Faculty are requested to submit PFMS Form -2 available in the University website i.e. <u>www.cus.ac.in</u>

<u>Annexure - A</u>

Recommendation of Head/In-charge of the Department

Prof./Dr./Mr./Ms	•	2	delivered
number of lectur	es in the Dep	artment of	during
the period	to	. Remuneration payable is	(Rupees
) @ 1,500 per lecture.	

Sl. No.	Date/Day	Time	No. of classes	Total
				0
				5
			5	
			15	
			5	
			1	
9				
				34

Signature of the HoD/In-charge: Seal

Date: