



ANNA UNIVERSITY OF TECHNOLOGY, COIMBATORE
Mettupalayam Road, Jothipuram, Coimbatore – 641 047.
REMUNERATION CLAIM FORM - INSPECTION COMMITTEE

Name and Address of the
Inspecting Officer / Certificate verifying
Officer / Administrative staff :

No. of Institutions Inspected :

Sl. No	Inspection(s)	No. of Kms. Working place to Institution	Date of Visit

Description	No. of Institutions		Rate/per institution Rs.	Amount Rs.
1. Honorarium :				
Inspection for grant of Affiliation Provisional/ Permanent/ Variation in intake / New Institution) (Rs. 1500/-for Chairman, Rs. 1250/-for inspection Members, Rs.750/- for Lecturer as certificate verifying officer and Rs.600/- for Administrative staff) per Institution.	x	x		
2. TA allowance / Actual Travel Bill (Whichever is applicable)				
a. Less than 100 KM. from working place to Institutions			750	
b. More than 100 KM. from working place to institutions			1000	
c. Actual travel bills Air / Bus / Taxi				
Total				

Revenue
Stamp Re.-1
when claim
exceeds
Rs.5000/-

**Signature of the Chairman / Member
Lecturer / Administrative staff**

Passed for Payment of Rs...../= (Rupees.....)

.....)

Registrar / Finance Officer