



RIPANS

website: www.ripans.ac.in

# रीजनल इंस्टिट्यूट ऑफ पैरामेडिकल एन्ड नर्सिंग साइंसेज REGIONAL INSTITUTE OF PARAMEDICAL AND NURSING SCIENCES

(भारत सरकार, स्वास्थ्य एवं परिवार कल्याण मंत्रालय, स्वायत्त संस्थान)  
(An Autonomous Institute under Ministry of Health & Family Welfare, Govt. of India)

जेमाबोक, आईजोल, मिज़ोरम - 796017  
Zemabawk, Aizawl, Mizoram - 796017

Ph: 0389-2350521

email: admin@ripans.ac.in

## OFFICE ORDER

Dated Aizawl, the 11<sup>th</sup> August, 2023

No.A.37017/1/2023-Accts/RIPANS/123 : This is for information to all concerned that a new Claim Form for Remuneration of Visting Faculty approved by the undersigned is to be implemented and utilized with immediate effect. Remuneration bill submitted by Principal/HoDs shall henceforth be supported by duly filled up and signed Claim Form for consideration of each claim.

The Claim Form may be downloaded from the Institute's website.

  
11.8.23

(डॉ. संजय डी. सावंत/Dr. SANJAY D. SAWANT)

निर्देशक/Director

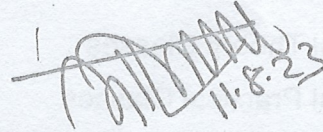
रीजेनल इंस्टिट्यूट ऑफ पैरामेडिकल/Regional Institute of Paramedical  
& नर्सिंग साइंसेज /& Nursing Sciences

No.A.37017/1/2023-Accts/RIPANS/123 (A)

Dated Aizawl, the 11<sup>th</sup> August, 2023

Copy to:

1. Principal/HoDs for information.
2. AO/FO for information.
3. PA to Director.
4. ✓ System Engineer to upload the Claim Form in the Institute's website.
5. Office Order Guard File

  
11.8.23

(डॉ. संजय डी. सावंत/Dr. SANJAY D. SAWANT)

निर्देशक/Director

रीजेनल इंस्टिट्यूट ऑफ पैरामेडिकल/Regional Institute of Paramedical  
& नर्सिंग साइंसेज /& Nursing Sciences



**REGIONAL INSTITUTE OF PARAMEDICAL AND NURSING SCIENCES  
AIZAWL, MIZORAM**

## Claim Form for Remuneration of Visiting Faculty

1. Name of visiting faculty : \_\_\_\_\_
2. Name of Department : \_\_\_\_\_
3. Remuneration for the month of : \_\_\_\_\_
4. Name of the Programme : \_\_\_\_\_

| Sr. No. | Date | Subject | Sem/ Year | Name of the topic | Theory (hr) | Practical (hr) |
|---------|------|---------|-----------|-------------------|-------------|----------------|
|         |      |         |           |                   |             |                |
|         |      |         |           |                   |             |                |
|         |      |         |           |                   |             |                |
|         |      |         |           |                   |             |                |
|         |      |         |           |                   |             |                |
|         |      |         |           |                   |             |                |
|         |      |         |           |                   |             |                |
|         |      |         |           |                   |             |                |
|         |      |         |           |                   |             |                |
|         |      |         |           |                   |             |                |
|         |      |         |           | <b>TOTAL</b>      |             |                |

NB: Photocopy of the daily Classes Monitoring Record Book is enclosed for reference.

Total Classes conducted:

- |                                 |   |                  |           |    |
|---------------------------------|---|------------------|-----------|----|
| 1. Total Theory Classes         | : | ..... x ₹ 1500/- | = ₹ ..... | /- |
| 2. Total Practical Classes      | : | ..... x ₹ 750/-  | = ₹ ..... | /- |
| 3. Total Claim amount for ..... |   | 2023             | = ₹ ..... | /- |

Date: .....

Verified by:

Name & Signature of visiting faculty

Name & Signature of Principal/HoD

(with seal)