PROFORMA FOR B.ED SUPERVISOR BILL CLAIM

SC/PSC CODE: SC/PSC ADDRESS: ……

Name & Address of the Supervisor…….

(Contact No.) (Land Line)……Mobile:) …….

SN	Name of Learner	Enrolment No.									Address of School & Date of visit	Sr. No. of Lesson plans supervised

Total Amount claimed:

1. No. of Lesson Plans supervised X Rs. 75/- =_____X Rs. 75/- =Rs._____
2. No. of Visits X Rs. 300/ per visit = _____X Rs. 300/- = Rs. _____

Total claim Rs.

Signature of Claimant
(Supervisor)
Certified by Coordinator / PIC

N.B 1. TAB Sheet in respect of all the Learners must be retained at the SC/PSC itself.
2. Eligibility of Supervisor: M.Ed with Experience in B.Ed teaching.
3. Max. Visits allowed: 05/ for each batch.