

SUMMARY OF B.ED SUPERVISOR (Teacher Educator) BILL CLAIM

SC/PSC CODE:

SC/PSC NAME:

SC/PSC ADDRESS:.....

S. No.	NAME OF SUPERVISOR	No. of lesson plans supervised	Amount Claimed (In Rs.)	Remarks <i>(Please provide the details of supervision by each of supervisor in the enclosed Proforma-A)</i>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Total Amount claimed: _____

(In words _____ only)

Signature of the Coordinator/PIC
With Stamp

(Official Use)

The above claim of Rs.....for supervision by the Supervisor may be admitted

Asstt./ Sr. Asst.

AR/SO

RD