# PROFORMA FOR B.ED SCHOOL BASED ACTIVITIES BILL CLAIM

**Annexure-C**

**Name of School where School based activities* have been performed**

_____

_____

Name of Principal……

Contact No. (Office)……Mobile……

| SN | Name of Learner | Enrolment No. | | | | | | | | | Details of School based activities performed in the school |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

Total Amount claimed:_____

1. No. of SBA supervised X Rs. 75/-

_____X Rs. 75/- = Rs._____

_____

Total claim

Signature of Claimant
(Principal)

Certified by Coordinator / PIC

*The School Based Activities (SBA) may be submitted at SC/PSC during work-shop by the learner and SBA must be only from the same School of which she/he is a teacher.

N.B. Rate: Rs. 75/- per SBA of ½ credit.