

MONTHLY REMUNERATION BILL OF GUEST LECTURER  
M.B.B. UNIVERSITY: AGARTALA

NAME OF THE DEPARTMENT \_\_\_\_\_ PERIOD: W.E.F. \_\_\_\_\_ TO \_\_\_\_\_

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Sl. No.	Name of the Guest Lecturer	Total Nos. of Class attended	Participation other activities	Remarks of Head of Deptt.

**N.B.:-** Filled in perform should be submitted on 7<sup>th</sup> of every month to Registrar/ OSD by the concerned Teacher; Maharaja Bir Bikram University.

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Signature of the Head of the Department