Semester Lecturing Report of the Visiting Lecturer

Date of the Appointment:

Name of the Lecturer: Subject:

Address: Academic Year:

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| Date | From | To | Details of Lectures | No. of Hours | Signature of the Lecturer  |
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1. Here by I certify that the above lectures were conducted and uploaded all lecture material s to the LMS in the Academic year ……. in semester ……., and no any payment request was made for the above lectures and no any payments were received for the above lectures.

Signature of the Lecturer: …………………................. Date: ……………………

1. Certification and the Recommendation of the Course Coordinator/ Academic Coordinator\*

I certify that the above mentioned lectures/hours ………………….. were held without exceeding the approved hours and this form was not submitted earlier for the payments. Therefore, I recommended the

above lecture hours.

Signature of the Course/Academic Coordinator: ………………….......... Date: ……………………

\*Lecture schedule of the Course Coordinator should be approved by the Academic Coordinator