



ZAKIR HUSAIN DELHI COLLEGE

(University of Delhi)

Jawaharlal Nehru Marg, New Delhi-2 Ph : 23232218, 23233420, Fax 23215906
www.zakirhusaincollege.in

Record of Lectures taken by Guest Lecturer

Teacher's Name

Date

Department

S. N.	COURSE	SEM/YEAR	MONTH	TOTAL LECTURES TAKEN

Total

.....
Signature
Teacher

.....
Signature
Teacher In-charge



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PROFORMA

It is verified that the attendance sheets, assignments and all the marks allotted to students in **Class Tests/Project/Assignments** etc., have been collected from Dr./Mr./Ms. _____ who was a Guest Teacher in the Department w.e.f. _____. These marks and attendance sheets would be duly submitted to the concerned person as per procedure.

Signature (Teacher In-charge)

Department _____

UNDERTAKING BY THE GUEST TEACHER

I working here as Guest Teacher in the department of I have taken(Number) classes from To as per time table provided by my teacher-in-charge. I undertake that if any online class for which I am claiming payment found to be false by the college the college at a later stage, I shall be solely responsible for that and I now that the honorarium will be recovered from me by Professor-Principal. In case, recovery is not possible, the case will be forwarded to the Governing Body to take appropriate action against me including the matter will also be referred to the Head of the concerned department.

Signature

Name of the Guest Teacher

Department

Date

ZAKIR HUSAIN DELHI COLLEGE

(University of Delhi)

Bank details for payment to the Guest Lecturer

Teacher's Name

Department

A/c No.

IFSC

Bank Name

Bank Address

.....

Note: **Please attach a cancelled cheque.**

Signature (Teacher)

Date