



INDIRA GANDHI NATIONAL OPEN UNIVERSITY  
MAIDAN GARHI, NEW DELHI – 110068



**PROFORMA FOR B.ED MENTOR BILL CLAIM**

**Annexure-B**

SC/PSC CODE:

SC/PSC

ADDRESS.....

Name & Address of the

Mentor.....

(Contact No.) (Land  
Line).....

Mobile:.....

S.NO.	Name of Learner	Enrolment No.	Date of visit	Sr.No. of Lesson Plans monitored

Total Amount claimed:

No. of Lesson Plans monitored X Rs. 40/-

\_\_\_\_\_ X Rs. 40/- =Rs \_\_\_\_\_

\_\_\_\_\_ Total  
claim

**Signature of Claimant**

**(Monitor)**

**Certified by Coordinator/PIC**

N.B. 1. TAB sheet in respect of all the Learners must be retained all the SC/PSC.

2. Eligibility of Mentor should be a teacher with B.ED.

**SUMMARY FOR B.ED MENTOR BILL CLAIM**

SC/PSC CODE:

SC/PSC ADDRESS.....

Sr.No.	Name Monitored	No. of lesson plans Monitored	Amount Claimed	Remarks Pl. attach Annexure-B

Total Amount claimed Rs. \_\_\_\_\_

(In words \_\_\_\_\_ only)

**Signature of the Coordinator/PIC  
With stamp**

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**(USE OF THE OFFICE OF THE REGIONAL CENTRE)**

The above claim of Rs. ....for monitoring of practice Teaching by the mentor may be admitted.

**Asstt./Sr.Asst.**

**Ast. Registrar/Section Officer**

**Regional Director**