



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

SC/PSC CODE: \_\_\_\_\_ SC/PSC ADDRESS.....

Name & Address of the Supervisor.....

(Contact No.) (Land Line).....Mobile:.....

S.NO.	Name of Learner	Enrolment No.	Address of School & Date of visit	Sr.No. of Lesson Plans supervised

**Total Amount Claimed:**

- No. of Lesson Plans supervised X Rs. 75/- = \_\_\_\_\_ XRs. 75/- =Rs. \_\_\_\_\_
- No. of Visits X Rs. 300/ per visit = \_\_\_\_\_ XRs. 300/=Rs. \_\_\_\_\_

Total claim Rs. \_\_\_\_\_

**Signature of Claimant  
(Supervisor)**

**Certified by Coordinator /PIC**

N.B 1. TAB Sheet in respect of all the Learners must be retained at the SC/PSC it self.

2. Eligibility of Superisior:M.Ed with Experience in B.Ed teaching.

3. Max. Visits allowed: 05/ for each batch.

## SUMMARY OF B.Ed SUPERVISOR (Teacher Educator) BILL CLAIM

SC/PSC CODE:

SC/PSC ADDRESS:.....

SR.NO	NAME OF SUPERVISOR	No. of lesson plans Supervised	Amount Claimed (in Rs.)	Remarks (please provide the details of Supervision by each of supervisor in The enclosed proforma-A)

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

(in words \_\_\_\_\_ only)

*Signature of the Coordinator/PIC  
With Stamp*

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

The above claim of Rs.....for supervision by the Supervisor may be admitted

**Asstt./Sr.Asst.**

**Ast. Registrar/Section Officer**

**Regional Director**