



**Faculty of Siddha Medicine,
University of Jaffna, Sri Lanka.**
Visiting Lecturers' Claim for the Month of 2025

Name : Subject :
 NIC No : Student Batch / Year :
 Designation : Hours Allowed :
 Department : Duration :
 Address :

Date	Time of Commencement	Time of Completion	Number of Hours	L / P / C	Signature

	Hours	Rate	Amount
L – Lecture
P – Practical
C – Clinical
Total			

Prepared by : Check by :

I certify that the particulars of attendance were checked with attendance register and found correct.
 I am personally satisfied that the fee has been actually and fairly earned.

Head,
 Department of

Payment Authorised

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 Dean
 Faculty of Siddha Medicine