



OFFICE OF THE DIRECTOR POSTGRADUATE STUDIES
UNIVERSITY OF ENGINEERING & TECHNOLOGY
PESHAWAR, PAKISTAN

FORM CB-5

CERTIFICATE AND BILL

This is to certify that I _____
(Name)
have conducted M.Sc. Classes in _____
(Department)
in _____
(Course Number/Course Title)
for _____ hours for the _____ Credit
(54 or 72) (3 or 4)
Course during the _____ Semester
(Spring/ Fall)
from _____ to _____
(Date) (Date)

The Result on official Form G-2B is attached herewith complete in all respects.

The Honorarium Bill for Rs. _____
(In figure/in words)

for teaching the above mentioned course for its full duration is being submitted herewith for payment.

Dated ____ / ____ /200

(Please sign herein full)
Name _____
Designation _____
Department _____

NOTE:

The following rates of honorarium have been approved in 96th meeting of the Syndicate held on 21.06.2015 vide Notification No. 08/22/14/Estt-1/Vol-II dated 01.01.2016

1. Professor (@ 2050/- per credit hour) for 54 credits = 110700/- and for 72 credits = 147600/-
2. Associate Prof. (@ 1745/- per credit hour) for 54 credits = 94230/- and for 72 credits = 125640/-
3. Asstt. Prof. (@ 1450/- per credit hours) for 54 credits = 78300/- and for 72 credits = 104400/-
4. Lecturer (@ 1225/- per credit hours) for 54 credits = 66150/- and for 72 credits = 88200/-