



**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 / T	Signature

	Hours	Rate	Amount
L – Lecture	.....	.....	.....
O – Practical	.....	.....	.....
T – Theory	.....	.....	.....
<b>Total</b>			

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**

.....  
Dean  
Faculty of Siddha Medicine