



UMT

University of Management and Technology

Payment Advisory Note (PAN)

For Permanent Faculty Member (Extra Work Load)

SECTION A									PERSONAL INFORMATION		
Name: <i>(In Block letters)</i>											
Designation:					School/ Institute:						
Postal Address:					Department :						
City:			Country:			Mobile :					
CNIC No:					Email :						
SECTION B									CURRENT TEACHING ASSIGNMENT OFFERED AT UMT		
Semester	School	Department	Course Name	Course Code	Credit Hours	Program	Section	No. of Students			
SECTION C									EXTRA WORK LOAD CLAIM		
Semester	School	Department	Course Name	Course Code	Credit Hours	Program	Section	No. of Students	Amount		
SIGNATURES											
RESOURCE PERSON			CHAIRPERSON			DEAN / DIRECTOR					
OFFICE OF HUMAN CAPITAL MANAGEMENT											
OFFICE OF TREASURER											
Budget and Control Officer					Manager Finance / Treasurer						
<u>Half Payment</u>					<u>Full Payment</u>						
Cheque #:			Bank:			Cheque #:			Bank:		
Amount:			Date:			Amount:			Date:		

**Note: Rector's approval will be required for claiming more than one course in a semester.*