POSTGRADUATE INSTITUTE OF SIENCE
UNIVERSITY OF PERADENIYA

Statement of duties at M.Sc. Practical Classes
(Effective from 01.12.2017)

Overtime claims forms will not be accepted for practical classes.

Name of the Tech.Officer/Lab.Atten:/Demonstartor ……

Department:…….…… Faculty:…….……

M.Sc. Programme:……..

Academic Year:…… Semester:…… Practical Course Code:……

Date	Scheduled Practical Class			Preparation			
	Time		No. of Hrs.	Date	Time		No. of Hrs.
	From	To			From	To	

Signature of Claimant: ……..... Date:……..…..

I certify the attendance of the above person is correct according to the records of attendance (Please attach a record of attendance) and certify that any payments has not been claimed from the faculty/Institute for working in the weekends and after 4.30 p.m. on weekdays.

……..
Subject Clerk / T.O

<u>Approval :-</u>

	Name	Signature and date
Lecture in-charge of the Practical Class		
Coordinator of the M.Sc. Programme		
Chairman of the Board of Study		
Approval of Director /PGIS		