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|---------------------|
| C.No..... |
| Examiner ID No..... |

**Bill for Setting of Question Paper, Evaluation Scripts/Project Report/Dissertation)
Conveyance and Contingent Expenses**

..... Examination, 2015

(Annual/Semester)

- 1 Name of Examiner Examiner Code.....
(in Block Letters)
- 2 Residential Address:
- 3 Phone Mobile.....PAN.....
- 4 Bank Detail : Name Branch.....IFSC Code.....
A/c No..... MICR Code.....
- 5 College/Faculty/Department.....Subject.....

| PART 'A' | | | | |
|--|--------|--|--|----|
| Setting of Question Paper/s for Theory/Practical Examination | | Valuation of Scripts/Project Report/Dissertation Conduct of Practical/Oral Examination. | | |
| Details | Amount | | Amount | |
| | Rs. | P. | Rs. | P. |
| Examination..... | | | 1. No. of Valued Scripts..... | |
| Paper..... | | | @Rs.....per book* | |
| Subject..... | | | 2. Conduct of Practical/Oral Examination | |
| No. of Paper Set..... | | | Candidates. | |
| Rate.....Per Paper | | | @Rs.....per Candidates. | |
| *Duration of Paper.....Hours | | | 3. Valuation/Project Report/Dissertation | |
| No. of Additional Examiners, if Any..... | | | @Rs.....per Dissertation | |

For Practical Examination only

Examination held on.....in.....batch of candidates in each batch.
No. of Question Papers Set..... Verified.....

Signature of Examiner

Signature of Convener

*Signature of HOD/Superintendent
Practical Examination*

* Amount payable proportionately, Existing rates for Theory Papers are for 2.3 Hours Duration

Total Part 'A'.....

Part 'B' Conveyance Charges (Examiners are requested kindly to conduct the rules governing payment of Conveyance Charges before filing Part B).

| Date | From | To | Radius in Kms | Vehicle No. Scooter/Taxi | Purpose of Journey | Amount | |
|------|------|----|---------------|--------------------------|--------------------|--------|----|
| | | | | | | Rs. | P. |
| | | | | | | | |

Total Part 'B'.....

Certified that I used the mode of Conveyance (Vehicle No. Mentioned) as detailed above and the amount claimed is the amount actually paid by me.

Signature of Examiner

Signature of Convener

*Signature of HOD/Superintendent
Practical Examination*

PART 'C' Contingent Expenses

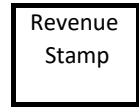
| Dated | Details of Expenditure | Amount | |
|-------|--|--------|----|
| | | Rs. | P. |
| | Certified that the amount of Rs.600/- has been actually spent for the purpose for which it was meant | | |
| | <div style="display: flex; justify-content: space-between;"> Convener Examiner-I Examiner-II Examiner-III </div> | | |

Total Part 'C'.....

Grand Total of Part A, B & C : Rs.....
 Rupees (in words).....

Dated.....

Received Payment



Signature

Note: - (i) The Examiner is requested to ensure that every column provided in the examination remuneration bill form is filled in properly to enable the Finance Branch to make expeditious payment for his/ her claim.

(ii) Examination remuneration bill should be submitted to Examination Branch Immediately after submission of awards and scripts of the respective examination.

For the Purpose of Verification

Name of the Examination.....Year.....
 No. of Question Paper/s set
 No. of Scripts/Project Reports valued.....
 Duration of Examination.....Hour.....Subject.....
 No. of Candidates examined.....
 Remarks, if any
 Number of visits.....
 Amount deductible on account of delay in the submission of results. Rs.....

Section Officer

Verified by

Dealing Assistant

Dated.....

For use in the Finance Branch

Passed for Payment of Rs.....
 Debit Head : Examination.....
 Contingencies.....
 T.A.....

Dated.....

Section Officer/A.R. (Accounts)

Dealing Assistant

Paid by Cheque No.....

Dated