



Bhakta Kavi Narsinh Mehta University

Examination Remuneration Bill

Surname

Name

Father's/Husband's Name

Name :

At the Examination _____ in the subject : _____

March / April / October / November 201____

Total No. of Student for this Particular exam _____	No. Quantity	Rate	Total Amount Individual Share
A. Theory Examining Answer books/Dissertation			
B. Practical/Viva (i) No. of Students (ii) Total No. of Examiners			
C. Remuneration for chairperson / Moderator if Applicable			

Total Rs

Deductions, If any

Net Amt. Payable

Received Cash/Cheque

Revenue
Stamp

Adress :

Bank A/C Detail

Bank A/c No. : _____

IFSC Code : _____

Mob. No : _____

Email ID : _____

CERTIFICATE

I hereby certify that

(I) I am ordinary resident of India and that the provision of the Income tax-act 1961 is Applicable to me and shall comply with it.

Signature of the Examiner

(P.T.O.)

ASSESSMENT CERTIFICATE

Certify that Shri _____
Has assessed _____ answerbooks/examined _____
Students orally/practically or clinically"

Date : _____ Principal / Director of Assessment

FOR OFFICE USE ONLY

(1) EXAMINATION BRANCH

This is to certify that the person of this bill is appointed as a Chairperson /
Moderator examiner in above mentioned examination.

Bill is passed for payment for Rs. _____

Section Officer

Controller of examinations

(ii) AUDIT BRANCH

Entered in Remuneration Register Page No. _____ Sr. No. _____
Admitted in Audit for payment of Rs. _____

CHECKED BY

DY.ACCOUNTANT

AUDITOR

(iii) ACCOUNT BRANCH

Paid by cheque No. _____ Dt. _____
For Rs. _____

PREPARED BY

DY.ACCOUNTANT

CHIEF ACCOUNTS OFFICER