



Bhakta Kavi Narsinh Mehta University, Junagadh

EXAMINATION REMUNERATION BILL

SURNAME

NAME

FATHER'S/HUSBAND'S NAME

NAME :

At the examination _____ in the subject : _____

March/April/October/November 20____

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			

Address _____

Total Rs.

Deductions, if any

Net Amt. Payable

Bank Account Detail

Bank A/c No. : _____

IFSC Code : _____

Mobile No. : _____

Email ID : _____

PAN No. :- _____

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 _____ answer books/examined _____
students orally/practically or clinically.

Principal / Assessment Co-ordinator

FOR OFFICE USE ONLY

(i) Examination Branch

- This is to certify that the person of this bill is appointed as a Chairperson / Moderator Examiner in above mentioned examination.
- Above bill is checked and it is as per University's regulations & rules.

Bill is Passed for Payment Rs..... in words.....

Sign. of Dept. Clerk

Sign. of Head of the Dept.

Bill Checked by Audit Section

Sign. of Auditor
