

REMUNERATION BILL FOR FLYING SQUAD DUTY For the End Semester Examination MAY/DEC 20_____

| Name | |
|--|------------------|
| Designation | |
| PAN No (CAPITALS) | |
| Mobile No | |
| Bank Name | |
| Bank Account No | |
| Nature of Flying Squad Duty: | Chairman/ Member |
| Number of days of flying squad duties: (Please mention dates) | |
| Total Amount | |
| (Rate @ no. of days) | |

Total Amount in Words: _____

I, ______certify that I have performed the flying squad duty on the dates mentioned above. I will be responsible for the payment of applicable tax (if any) for the above amount/remuneration.

Signature

Verified by

Controller of Exams

Bill Approved

Principal