

## REMUNERATION BILL FOR EVALUATORS OF ANSWER SHEETS Name of the End Semester Examination: MAY / DEC. 20\_\_\_\_\_

1	Name of the Faculty	
2	Designation	
3	Name of the Department	
4	PAN No. (Capitals)	
5	Mobile Number	
6	Bank Name	
7	Bank Account Number	
8	IFSC Code	
9	Sub. Codes of   Evaluated Sheets   Syllabus Scheme	
	No. of Answer Sheets(Code Wise)	
10	Total No. of Answer Sheets Evaluated	
11	Total Remuneration for Answer Sheets Evaluated	

I, \_\_\_\_\_\_ hereby certify that I will be responsible for the payment of applicable tax (if any) for the above amount/remuneration.

Signature of Teacher\_\_\_\_\_

Verified by Concerned H.O.D/Head Examiner

Dealing Hand

Incharge (Evaluation & Result)

Controller of Exam

Approved by :-