

REMUNERATION BILL FOR EXAMINERS OF PRACTICAL EXAMS Name of the End Semester Examination: MAY / DEC. 20_____

1	Name of the Faculty/Staff	
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	Subject Codes for which End Sem. Practical Viva Voce Exam was conductedActed as: External/Internal Examiner/Lab StaffNumber of Students	
10	Total No. of Students Evaluated for Entire End Sem. Practical Exam	
11	Total Remuneration for the Conduct of End Sem. Practical Viva Voce Exam	

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

Dealing Hand

Incharge (Evaluation & Result)

Controller of Exam

Approved by :-