



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			

Address _____

Total Rs.

Deductions, if any

Net Amt. Payable

Received Cash/Cheque

Revenue
Stamp

Bank Account Detail

Bank A/c No. : _____

IFSC Code : _____

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

Principal / Director / Assessment

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.

Bill is passed for payment of 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

ACCOUNTANT

AUDITOR

(iii) Account Branch

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

PREPARED BY

ACCOUNTANT

CHIEF ACCOUNTS OFFICER