MEHRAN UNIVERSITY OF ENGINEERING & TECHNOLOGY, JAMSHORO

Remuneration Bill for Internal Examiner

Examiner is requested to submit his/her bill along with Answer books (TH/PR)
Bill will not be entertained without Revenue Stamp

Name Designation & Full Address of Examiner/Moderator

Term  Year  Batch

☐ Regular Examination  ☐ Supplementary Examination

Date of Conduct of Examination Theory

Date of Conduct of Examination Practical

Reference: Appointment Letter No. MUET/EXAM/-  Dated

Subject:

<table>
<thead>
<tr>
<th>S. NO</th>
<th>Description (Claim of the Bill)</th>
<th>Quantity</th>
<th>Rate (In Rs.)</th>
<th>Amount (In Rs.)</th>
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<tbody>
<tr>
<td>1.</td>
<td>Drawing up Question paper</td>
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<td>2.</td>
<td>Assessment of Scripts</td>
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<td>3.</td>
<td>Drawing of Objective Type Q.P for PR Exam</td>
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<td>4.</td>
<td>Conduct of Viva Voce (per student)</td>
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<td>5.</td>
<td>Evaluation of Thesis (Per student)</td>
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<td>6.</td>
<td>Guidance of Thesis (Per student)</td>
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<td>7.</td>
<td>Conduct of Viva Voce Thesis</td>
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<td>8.</td>
<td>Invigilation (TH/PR) Tabulation/ Checking/Typing of Q.P</td>
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<td>9.</td>
<td>Others (to be specified)</td>
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Rs. (In words) ____________________________________________________________

Certified that Practical Examination was actually conduct by the claimant on dated ___________ as per attached Q.P

________________________________________
Chairman/Director of concerned Department/Institute

Total Amount of Bill
Deduction (if any)
Net Amount payable

Signature of Claimant

Signature of Factotum (for invigilation only)

DIRECTOR / CHAIRMAN (CONCERNED)

DEAN, OF CONCERNED FACULTY

Please Affix Revenue Stamp

Signature ACE/DCE (Results)

This bill has been checked/verified and found correct for payment
Bill No. _______ Page No _______ Amount _______
Dated _______

Signature concerned

CONTROLLER OF EXAMINATIONS