



**Remuneration Bill for External 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: \_\_\_\_\_

S. NO	Description (Claim of the Bill)	Quantity	Rate (in Rs.)	Amount (in Rs.)
1.	Moderation of Question Paper			
2.	Assessment of Scripts			
3.	Drawing of Objective Type Q.P for PR Exam			
4.	Conduct & Evaluation of Practical			
5.	Conduct of Viva Voce			
6.	Evaluation of Thesis			
7.	Guidance of Thesis			
8.	Conduct of Viva Voce of Thesis			
9.	other (to be specified)			

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

<b>Total Amount of Bill</b>	
<b>Deduction (if any)</b>	
<b>Net Amount payable</b>	

Scripts delivered on \_\_\_\_\_  
Due Date for submission \_\_\_\_\_  
Award & Scripts Received on \_\_\_\_\_

\_\_\_\_\_  
Signature ACE/DCE (Results)



\_\_\_\_\_  
Signature of Claimant

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

**CONTROLLER OF EXAMINATIONS**

\_\_\_\_\_  
Signature concerned