



**Remuneration Bill for Internal Examiner**

Examiner is to submit bill alongwith answer books (TH/PR)

Affix revenue stamp on bill without Revenue stamp bill will not be entertained

Name & Designation: \_\_\_\_\_

Address of Examiner/Moderator: \_\_\_\_\_

Department/Institute/College: \_\_\_\_\_

Term/Semester/(Year for B.Tech.):  Year:  Batch:

Examination:  Regular  Supplementary B.E. / M.E. / B.S.IT / B.Tech.(Pass/Hons)

Subject:

Date of Examination Theory  Date of Examination Practical

Reference: Appointment Letter No.MUET/EXAM/\_\_\_\_\_ Date: \_\_\_\_\_

S. NO	Description (Claim of the Bill)	Quantity	Rate (in Rs.)	Amount (in Rs.)
1.	Drawing up Question paper			
2.	Assessment of Scripts			
3.	Drawing of Objective Type Q.P for PR Exam			
4.	Conduct of Viva Voce (per student)			
5.	Evaluation of Thesis (Per student)			
6.	Guldance of Thesis (Per student)			
7.	Conduct of Viva Voce Thesis			
8.	Invigilation (TH/PR) Tabulation/ Checking/Typing of Q.P			
9.	Others (to be specified)			

Rs. (In words) \_\_\_\_\_

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

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

\_\_\_\_\_  
Chairman/Director of concerned Department/Institute

**Signature of Claimant**

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

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

Please Affix Revenue Stamp

Signature of Factotum (for invigilation only)

**DIRECTOR / CHAIRMAN (CONCERNED)**

**DEAN, OF CONCERNED FACULTY**

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

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

**CONTROLLER OF EXAMINATIONS**