

**REMUNERATION BILL FORM -(FOR ASSESSMENT+MODERATION)-FORM-E
EXTERNAL EXAMINER**

Full Name of the Examiner :-Mob.No.-
 Bank Name : Bank A/c.No.
 IFSC No.- Branch Name

NOTE :

- 1) All entries in this form must be filled.
- 2) Payment of this bill claimed beyond one year from the date of examination result will be considered as time barred for payment.
- 3) The Bill must be pre-receipted.

In case where the same Examiners are appointed to examine at more Examination than one or more subjects then, a separate bill should be made out in respect of each such examination or subject.

EXAMINATION OF NOV-DEC OR APRIL-MAY-202

Class	Sub.Name	Sub.Code	No.of A.B. Ass++Mod	Rem.A+M @UG12/ PG15/-	Mod. Charges	Min.Assess- ment Charges	Total Rs.
			Total Rs.				

Received payment-

Examiner Signature-----

Passed for Rs.

Address-----

Date : / /202

NOTE: ATTACH ASSESSMENT ORDER.

Checked by :

CLERK

CONTROLLER OF EXAMINATION

PRINCIPAL