



An Autonomous Institute, Affiliated to Shivaji University, Kolhapur

## REMUNERATION BILL FORM ( FOR ASSESSMENT+MODERATION)-FORM-A INTERNAL EXAMINER

Full Name of the Examiner : .....-Mob.No. ....-

Note:

- 1) All entries in this form must be filled in by the preferring the Bill-Forms in which any entry is left blank will be returned for completion to the person preparing the bill.
- 2) Payment of this bill claimed beyond one year from the date of examination result will be considered astime 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 suchexamination 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.
			<b>Total Rs.</b>				

Received payment-

Examiner Signature-----

Passed for Rs.

Address-----

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Date :     /     /202

NOTE: ATTACH ASSESMENT WORKSHEET.

Checked by :

CLERK

CONTROLLER OF EXAMINATION

PRINCIPAL