



An Autonomous Institute, Affiliated to Shivaji University, Kolhapur

REMUNERATION BILL FORM (FOR POE)-FORM-D INTERNAL EXAMINER

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

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 than one, 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 Stud.	Rem. Rs.	Min. Rem.Rs.	Chairman Allow Rs.	Total Rs.
			Total Rs.				

Received payment-

Examiner Signature-----

Passed for Rs.

Address-----

Date : / /202

NOTE: ATTACH PRACT-ORAL ORDER & CERTIFICATE OF REMUNERATION FORM.

Checked by :

CLERK

CONTROLLER OF EXAMINATION

PRINCIPAL