



Remuneration Bill for Internal 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.	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.	Guidance 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) _____

Total Amount of Bill	
Deduction (if any)	
Net Amount payable	

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)

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

DEAN, OF CONCERNED FACULTY

Signature concerned

CONTROLLER OF EXAMINATIONS