



Guru Jambheshwar University of Science & Technology, Hisar

'A+' Grade NAAC Accredited

REMUNERATION BILL

(To be filled & Signed by the Examiner/Checking Asstt. carefully)

Note: Bills not submitted in the Secrecy Branch within two months will be treated as time barred.

Session: _____ 20____

Subject Code/ID No. _____

Name of Examination _____ Semester _____ Paper Code _____

Nomenclature _____

No. of Q. Paper's Set _____ Rate _____ (Amount) _____
(If paper-setter)

No. of Answer Books Evaluated/re-evaluated _____

Answer book code Nos. _____

Total amount _____ T.W.F. Deduction _____ Balance _____

Contingency charges, If any (attach receipts) _____

Net amount payable to the Examiner _____

Net amount payable to the Checking Assistant _____

Total Amount (Examiner & Checking Assistant): (In figures) Rs. _____

(In words) Rs. _____

APPLICABLE ONLY IN CASE OF EVALUATION OF ANSWER SHEETS

Amount payable to the Checking Asstt. _____

(In words) _____

Name of Checking Asstt. _____

Designation _____

Employee code (in case of Univ. Employees) _____

Name of Bank _____

Account No. _____

IFSC Code _____

MICR Code _____

Mobile No. _____

Signature of Checking Asstt. with date

Signature of the Examiner _____

Paste a revenue Stamp if the amount of bill is 5000/- and above and sign. on it

Rs. 1/-

Examiner Name : _____

Employee code (in case of Univ. Employees) _____

Name of Bank : _____

Account No. : _____

IFSC Code : _____

MICR Code : _____

Mobile No. : _____

Full Address : _____

Signature of Examiner with date

Bill verified & certified that the payment has not been paid earlier against this subject code/ID No.

Clerk/Assistant

Dy./Supdt. (Secrecy)

Verified & Passed for adjustment of Rs. _____

Verified & Passed for payment to examiner of Rs. _____

Verified & Passed for payment to Checking Asstt. of Rs. _____

Signature with date _____

Full Name of the official making the payment _____

APPLICABLE ONLY IN CASE OF EVALUATION OF ANSWER SHEETS

Name of Evaluation Centre _____

Name of Co-ordinator _____

Mobile No. _____

Signature of Co-ordinator with date

Branch Officer (Secrecy Branch)