



Guru Jambheshwar University of Science & Technology, Hisar

(Established by State Legislature Act 17 of 1995)

'A+' GRADE NAAC Accredited

Secrecy Branch

NOTIFICATION

All the concerned are hereby informed that the Hon'ble Vice-Chancellor has ordered to submit the Remuneration Bills within two months for various examinations related activities. After expiry of two months period, the Remuneration Bills (if any) will only be accepted in this office within one-month alongwith the prior approval of the Hon'ble Vice-Chancellor. The detail is as under:

S.N.	Activity	Remuneration Bills Submission
1	Evaluation	within two months from date of dispatch of last lot of answer sheets by this office
2	Re-evaluation	within two months from date of dispatch of answer sheets by this office
3	Paper Setting	within two months from date of dispatch of offer letter to the Examiner by this office
4	Ph.D. Thesis Evaluation/ Viva-Voce Exam	i. within two months from the date of submission of Evaluation Report. ii. Within two months from the date of Viva-Voce get conducted by the Examiner who also evaluated the Thesis.
5	Evaluation & Viva-Voce exam of Dissertation/research project /Industrial/Summer Training/Portfolio	within two months from the date of Evaluation/Viva-Voce.

[CONTROLLER OF EXAMINATIONS]

Endst. No. Secy/2024/4558-4629

Dated: 19.11.2024

A copy of the above is forwarded to the following for information and further necessary action:

1. All the Chairpersons/Director of the University Teaching Departments, GJU S&T, Hisar.
2. All the Principals of Affiliated Colleges under the ambit of GJU S&T, Hisar
3. SVC, GJU S&T, Hisar (for kind information of the Vice-Chancellor).
4. Director, PDUCIC, GJU S&T, Hisar with the request to upload the same on the University website.
5. Supdt. O/o Registrar, GJU S&T, Hisar (for kind information of the Registrar).
6. SSS to Controller of Examinations (for kind information of the Controller of Examinations).
7. Internal Set (AS-I, AS-II, AS-III, AS-IV, AS-V, AS-VII & AS-VIII), Secrecy Branch, GJU S&T, Hisar.

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Assistant Registrar (Secrecy)
for Controller of Examinations



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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)