Exam Code: ____________________________  VR No: ______________
*Employee No: ________________________  Date: ________________
*Only for Uni. P.G Teachers

SARDAR Patel University
Remuneration Bill
Uni. P. 25000, 10-'13

EXAM APPOINTMENT ORDER NO.

Note:
1. All the examiners are requested to submit the bills along with typed copy of a summary sheet.
2. Please sign at the places marked.
3. All entries in this form must be filled in by the person preferring the bill. Forms in which any entry is left blank will be returned for completion to the person preferring the bill.
4. Payment of this bill, if not received in advance, will be made only at the counter in the University Office.
5. Examiners are requested not to include in their bill the fees due to Assistants and Servant at practical examinations. Claims for such fees should be made on separate bills to be prepared by Assistant or Servant and counter-signed by the Examiners.
6. The paper setters/examiners are required to submit their bills of remuneration for all the work done by them in respect of examinations during a session in one lot in a separate cover preferably along with the marks-sheet and in no case later than 30 days from the date of submission of mark-sheets.
(Sanctioned by F.E. dated 5-3-2012 (Recommendation No. 12) and approved by the Vice Chancellor with effect from March 2012 Examinations and onwards.)

Full Name of Examiner: ____________________________
(Capital Letters)
Examiner in: ____________________________ at the ____________________________
Examination in month of ____________________________ 20__

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(A) TOTAL

1. Rs. 50/- be deducted from remuneration if one mistake is found.
2. Rs. 100/- be deducted from remuneration if two mistakes are found.
3. Rs. 150/- be deducted from remuneration if three mistakes are found.

(B) TOTAL

(Total A - B) TOTAL

Less T.W.F.

INCOME TAX

NET PAY
I hereby declare that I am resident of ____________________________
Dist. of ____________________________ situated in Union of India and that the Income-Tax rules in force
in India are applicable to me.

Enter full address of College/Department

________________________________________

Signature ____________________________

* Note: PAN Number:
Please submit Photo Copy of PAN Card issued by Income Tax Authority.

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Please sign on

1/- Re.
Rev. Stamp if
amount exceeds
Rs. 5000/-

Date ________________ Place ____________________________

Countersigned by

Convener/Co-Ordinator
Central Assessment Centre

O.S. (Exam)

(For Accounts Section)

Pay Rs. ___________ (Rupees Only)

Adjustment Rs. ___________ (Rupees Only)

Checked by Dy. Accountant C.A.O. Registrar

Paid Rs. ___________ Paise ___________ Only in Cash / by Cheque No.

Date: ___________ on Bank Branch

Cashier

Received in Cash/Cheque Signature ____________________________

Rs. ___________ Rupees