



# 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 six 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)**