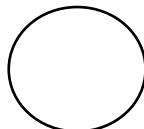


Entered in Exam. Register

with no. : _____

Date : _____



**SARDAR PATEL UNIVERSITY
VALLABH VIDYANAGAR
(A) Remuneration Bill**

Voucher No. : _____

Date : _____

Exam Code : _____

Name of Faculty : _____

Mobile No. : _____

To,

The Registrar,

Sardar Patel University,

Vallabh Vidyanagar

Full name of Examiner (CAPITAL LETTER) _____

Examination in Month of _____ 20____ Full Address College/Department _____

Note:

- 1) All entries in this form must be filled in by the person preferring the bill. Incomplete form will not be accepted for payment.
- 2) Payment of this bill will be made in your Bank Account provided by you.
- 3) The paper setters/examiners have to submit their bills of remuneration for all the work done by them in respect of examinations dually sign by respective convener of the examination.
- 4) Kindly submit your examination remuneration bills in the University Examination Section. University Examination section will accept remuneration bills in **JULY** and **FEBRUARY** months only. For February to June exams in **JULY** and August to December exams in **FEBRUARY**.
- 5) **T.A. and Refreshment bill will be paid with remuneration bill and total amount will be credited to your Bank Account as Mentioned by you.**

Sr. No	Subject Code	Appoint. order No.	No. of Answ. books / Quesn.	**Amt. of Assesmt Rs.	Drawi ng Up Paper Rs.	Trans Eng./ Guj. Rs.	Solution Rs.	Comp. Copy Rs.	Convener/ Moderato r Charges Rs.	Total Rs.	Convener Sign.
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13	Honorarium for examining Thesis/Dissertation at the Ph.D., M. Phil. or M.E.										
	Postage charges (must be attached postage receipt)										
	Total (A1) Rs.										
1	Rs. 50/- be deducted from remuneration if one mistake is found.										
2	Rs. 100/- be deducted from remuneration if one mistake is found.										
3	Rs. 150/- be deducted from remuneration if one mistake is found.										
	Total (A2) Rs.										

	Total (A1) - (A2) Rs.	
	Less Teacher Welfare Fund (If Applicable)	
	Income Tax	
	Net Pay(A)	

Checked by (Exam. Section)

O.S./Statistician (Exam Section)

Bank Information of Receiver for Electronic Fund Transfer

All the information required below are mandatory

*Employee No. Name of the Bank : _____ Branch Name : _____

(*Only for S.P. University Employee)

Bank A/c. No. :

Branch Code :

IFSC Code :

#PAN No. :

(#Kindly attach photo copy of your PAN card)

I hereby declare that I am resident of _____ Dist. Of _____ in state of _____ situated in Union of India and that the Income-Tax rules in force in India are applicable to me. I declare that the above information is provided by me are true and correct.

Full Address College/ Department _____

Date : _____

Signature of Examiner

For the use of Account Section only

Total Assessment Bill (A) _____, Total Travelling Bill (B) _____ and

Total Refreshment Bill (C) _____

Passed for Net Pay (A+B+C) _____

(_____ Only.)

Checked by

Dy. Accountant

C.A.O.

Registrar

****Note : Net amount of assessment must be calculated as bellow**

Assessed whole Answer book	$\frac{\text{No. of Answerbook X Rate}}{\text{No. of Examiners}}$
Assessed particular Question/s	$\frac{\text{No. of Queastions Assessed X Rate}}{\text{Total Queastions in Paper}}$