



Remuneration Bill for Internal Examiner

Examiner is requested to submit his/her bill along with Answer books (TH/PR) Bill will not be entertained without Revenue Stamp

Name Designation & Full Address of Examiner/Moderator

Mid/Final

Term

20XX

Year

19/20/21/22

Batch

☐ Regular Examinations ☐ Supplementary Examinations

Date Of Conduct Of Examination Theory

Date Of Conduct Of Examination Practical

Reference:Appointment Letter No. MUET/EXAM/-

Dated

Subject:

S.NO	Description(Claim of the Bill)	Quantity	Rate (In Rs.)	Amount (In Rs.)
1.	Drawing up Question Paper			
2.	Assessment Of Scripts			
3.	Drawing of Objective Type Q.P for PR Exam			
4.	Conduct of Viva Voce(Per Student)			
5.	Evaluation of Thesis(Per Student)			
6.	Guidance of Thesis(Per Student)			
7.	Conduct of Viva Voce Thesis			
8.	Invigilation (TH/PR) Tabulation/Checking/Typing of Q.P			
9.	Others(to be specified)			
Rs. (In Words): <u>example thousand and hundred...</u>		Total Amount of Bill		
		Deduction(If any)		
		Net Amount Payable		

Certifies that Practical Examination was actually conduct by the claimant on dated  as per attached Q.p

Chairman/Director of concerned Department/Institute

Signature of Claimant

Scripts delivered on   
Due Date for Submission   
Award & Scripts Received on

Signature ACE/DCE (Results)

Signature Of Factorum(for invigilation only)

DIRECTOR/CHAIRMAN(CONCERNED)

This bill has been checked/verified and found correct for payment

Bill No.  Page No   
Amount  Dated

Signate Concerned

DEAN, OF CONCERENED FACULTY

CONTROLLER OF EXAMINATIONS