



INDIRA GANDHI INSTITUTE OF TECHNOLOGY, SARANG

OFFICE OF THE CONTROLLER OF EXAMINATION

Remuneration Bill for Examiner for Semester Examination

Name of Examination: 1st Sem/2nd /3rd Sem/4th Sem/5th Sem/6th Sem/7th Sem/8th Sem/9th Sem/10th Sem
(←Put a tick mark→) (Regular/Back). Month _____ and year _____ of Examination

Name of Examination: _____

Name of the Examiner: _____

Name of the Department: _____

Mobile No: _____

Email: _____

Bank Details (Preferably SBI A/C)

Name of the Bank _____ Branch _____ Bank IFSC code _____

A/C.NO																			
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Sl. No.	Sem.	Stream	Subject	Subject Code	No. of Answer sheets	Rate	Amount in INR	Full Sign. of Examiner

Received Rupees _____ only.

Certified that the above evaluation work for which remuneration claimed is completed and in case, if the amount claimed is found to be in excess than entitled, I will refund the excess amount. I also certify that all the other particulars pertaining to bank details are correct and the amount may be credited to my bank account as mentioned above.

Place:

Date :

Full Signature of the Examiner
(Affix Revenue Stamp if claim exceeds Rs.5000.00)

(FOR OFFICE USE ONLY)

Recommended for pass and payment of Rs..... (Rupees only)

VERIFIED BY:

SIGNATURE

CONTROLLER OF EXAMINATION