



# INDIRA GANDHI INSTITUTE OF TECHNOLOGY, SARANG

## OFFICE OF THE CONTROLLER OF EXAMINATION

### Remuneration Bill for Question Setter for Semester Examination

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

Full name of the Question Setter: \_\_\_\_\_

Name of the Department: \_\_\_\_\_

Designation & Address: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Email Id (in CAPITAL LETTERS): \_\_\_\_\_

Bank Details (Preferably SBI A/C):

Name of the Bank \_\_\_\_\_ Branch \_\_\_\_\_ Bank IFSC code: \_\_\_\_\_

A/C.NO																			
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Semester	Subject Code	B.Tech/M.Tech/ B.Arc/MCA/M.Sc	Name of the Subject	Amount in INR

**Total Amount Rs.**

Received rupees \_\_\_\_\_ only

Certified that the above work for which remuneration claimed is completed and in case, if the amount claimed is found to be in excess than eligible, 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 question setter  
(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**