



**EXAM REMUNERATION FORM**

Name of Examiner: \_\_\_\_\_

Institute : \_\_\_\_\_ Year & Month of Exam \_\_\_\_\_

THEORY EXAMINATIONS					Amount (Rs.)
<b>(a) Drawing of Question Papers</b>					
Examination	Semester	Subject Code& Name		Rate (₹)	
<b>(b) Assessment of Answer books</b>					
Examination	Semester	Subject Code& Name	No. of Answer Books	Rate (₹)/ Answer Book	
<b>PRACTICAL /TERM WORK/VIVA EXAMINATIONS</b>					
Examination	Semester	Subject Code& Name	No. of Students	Rate (₹)/Student	
<b>CHAIRMANSHIP</b>					
Examination	Semester	Subject Code& Name		Rate (₹)	
<b>DISSERTATION/THESIS ASSESSMENT</b>					
Examination	Semester	Subject Code& Name	No. of Students	Rate (₹)/ Student	
<b>Postage Charges, if any</b>					
<b>TOTAL</b>					

**Address:** .....

**Mobile No.:** ..... **Signature of Examiner/Paper Setter:** .....

**Countersigned by Chairman/CoE**..... **Signature Payment Received**.....



**Passed for Rs.**.....**in words**.....**Date**.....

Account Clerk

Account Officer

Registrar