



ASSAM UNIVERSITY::
SILCHAR
REMUNERATION BILL

Name(as in Bank A/c in block letters):

Assignment.....

Appointment letter No.....dated.....

in connection with.....Examination of.....

Please tick (✓)	Subject & Paper Course	No. of Sets/Scripts/ No. of Candidates (Where Applicable)	Remuneration in Rs.	Remarks
1. Chairman/Head Examiner 2. Paper Setter 3. Moderator 4. Chief Examiner/Scrutiniser 5. Practical Examiner (External/Internal) 6. Supervising Officer/Co-ordinator 7. Invigilator (External) 8. Tabulator 9. Paper Examiner 10. Thesis/Dissertation Examiner 11. Viva-voce 12. Postage Etc.(Receipt to be enclosed) 13. Conveyance with No. of days 14. Others				

Total amount claimed including postage & packing expenses Rs (In figure).

In words (Rupees) only.

Certified that the information as given above is true to the best of my knowledge and belief.

(Signature of the Supervising Officer)**

(Signature of the Claimant)

Bank details of the Claimant

Bank A/C No	:	
Type of A/C (SB/CA)	:	
Bank Name	:	
Branch Name	:	
IFSC Code No	:	

Designation:	
Address:	
Mobile No:	
Email id:	

Records checked & found correct

Records Verified

Counter Signature

(Dealing Assistant)

(Section Officer)

Controller of Examinations

Please Note:

- 1.Remuneration Bill is to be filled in completely and submitted in single copy.
- 2.For TA/DA, separate TA claim form is to be used.
- 3.Please affix revenue stamp of Re.1/- for payment of Rs.5000/- and above.

4. Chairman of the moderation board/Head of the Dept./Principal/Zonal Officer shall sign as supervising officer, as the case may be.

