UNIVERSITY OF DELHI


Examination, 20 (Annual/Semester/Supplementary)

1. Name of the Examiner __________________________ Examiner Code __________________________
   (In Block Letters)
2. Residential Address ____________________________
3. Phone __________________ Mobile No. ____________ PAN __________________
4. Bank details: Name __________________ Branch __________ IFSC Code __________________
   A/c No. __________________ MICR Code __________________
5. College/Faculty/Department ___________________ Subject __________________________

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<thead>
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<tbody>
<tr>
<td>Details</td>
<td>Amount</td>
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<tr>
<td>Examination________________________</td>
<td></td>
<td>1. No. of Valued Scripts __________________</td>
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<td>Paper ____________________________</td>
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<td>2. Conduct of Practical/Oral Examination __________________</td>
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<tr>
<td>Subject __________________________</td>
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<td>3. Valuation of Project Report/Dissertation __________________</td>
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<tr>
<td>No. of Papers Set __________________</td>
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<tr>
<td>Rate ______ per paper</td>
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<td>*Duration of Paper ______ Hours</td>
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<td>No. of Additional Examiners, if any</td>
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For Practical Examination only
Examination held on ___________ in __________________ Batch of ________ candidates in each batch.
No. of Question Papers Set __________________ verified __________________

Signature of Examiner ____________________________
Signature of Convener ____________________________
Signature of HOD/Superintendent Practical Examinations ______

Amount payable proportionately as the existing rates of theory paper are for 2/3 hrs. duration
Total Part 'A' __________

Part 'B' Conveyance Charges (Examiners are requested kindly to consult the rules governing payment of Conveyance Charges before filling Part B)

<table>
<thead>
<tr>
<th>Date</th>
<th>From</th>
<th>To</th>
<th>Radius in Kms.</th>
<th>Vehicle No. Scooter/Taxi</th>
<th>Purpose</th>
<th>Amount</th>
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Total Part 'B' __________

Certified that I used the mode of Conveyance (Vehicle No. mentioned) as detailed above and the amount charged/ the amount actually paid by me

Signature of Examiner ____________________________
Signature of Convener ____________________________
Signature of HOD/Superintendent Practical Examinations ______
Part “C’ Contingent Expenses

<table>
<thead>
<tr>
<th>Date</th>
<th>Details of Expenditure</th>
<th>Amount</th>
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<td>Certified that the amount of Rs. 600/- has been actually spent for the purpose for which it was meant.</td>
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Convener | Examiner I | Examiner II | Examiner III

Total Part ‘C’

Grand Total of Part A,B & C: Rs. ____________________________
Rupees (In words) __________________________________________

Dated: ____________

Note: (i) The Examiner is requested to ensure that every column provided in the examination remuneration bill form is filled in properly to enable the Finance Branch to make expeditious payment for his/her claim.
(ii) Examination remuneration bill should be submitted to Examination Branch Immediately after submission of awards and scripts of the respective examination.

For Use in the Examination Branch

Name of the Examination _____________________________ Year ____________________________
No. of Question Paper/s Set ____________________________
No. of Scripts/Project Reports Valued ____________________________
Duration of Examination ______ Hours  Subject ____________________________
No. of Candidates examined ____________________________
Remarks, if any __________________________________________
Number of Visits ________________________________________
Amount deductible on account of delay in the submission of Results Rs. ____________________________

Section Officer  Verified By  Dealing Assistant

Dated ____________

For Use in the Finance Branch

Passed for payment of Rs. ____________________________
Debit Head : Examination ____________________________
Contingencies ____________________________
T.A. ____________________________

Dated ____________  Section Officer/AR (Accounts)  Dealing Assistant