



**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.....
 IFS Code No.....

Designation.....
 Address.....
 Mobile No.....
 Email id
 PAN :

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.