

# REMUNERATION BILL

TECH: \_\_\_\_\_

BATCH: \_\_\_\_\_

## QUAID-E-AWAM UNIVERSITY OF ENGINEERING, SCIENCE & TECHNOLOGY, NAWABSHAH



1. *Every bill should be affixed with necessary Revenue Stamps.*
2. *The claims of Paper Setting (Theory/ Practical) should be enclosed with the copies of Question/ Objective Papers.*

\_\_\_\_\_ Term, \_\_\_\_\_ Year Regular/ Supplementary Examinations held in \_\_\_\_\_

(Month & Year)

Name: \_\_\_\_\_ Bank A/ No: \_\_\_\_\_

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

Subject: \_\_\_\_\_ Date of Conduct of Exam: Th: \_\_\_\_\_ Pr: \_\_\_\_\_

Appointment Letter No: \_\_\_\_\_ QUEST/ NH/ EXAMS/- \_\_\_\_\_, Dated: \_\_\_\_\_

PARTICULARS	AMOUNT	
01. Paper Setting/ Moderation of _____ No(s) Full/Half Question Paper (Theory) at Rs. _____ per paper	Rs.	
02. Paper Setting of _____ No(s) Full/Half Objective Paper (Practical) at Rs. _____ per paper	Rs.	
03. Assessing _____ No(s) Full/Half Answer Scripts at Rs. _____ per script	Rs.	
04. Conduct of Practical Examination of _____ Students at Rs. _____ per student	Rs.	
05. Conduct of Viva-Voice Examination of _____ Students at Rs. _____ per student	Rs.	
06. Head Invigilation/ Factotum/ Invigilation of Theory Examination (Morning/ Evening) of _____ paper(s) at Rs. _____ per paper (Details on the back side of the bill)	Rs.	
07. Invigilation of Practical Examination at Rs. _____ per paper	Rs.	
08. Tabulation/ Checking of Results of _____ students at Rs. _____ per student	Rs.	
09. Evaluation of Thesis/ Project of _____ Nos. Thesis Group(s) at Rs. _____ per group	Rs.	
10. Guidance of Thesis/ Project of _____ Students at Rs. _____ per student	Rs.	
11. Conduct of Thesis/ Project Viva-Voice of _____ Students at Rs. _____ per student	Rs.	
12. Examination Duty as _____ in _____ papers at Rs. _____ per paper (Details on the back side of the bill)	Rs.	
13.	Rs.	
<b>(Rupees</b>	<b>) Total Amount</b>	<b>Rs.</b>

**Certificate for the conduct of Practical Examination:**  
 Certified that the Practical Examination was actually conducted by the claimant in the Laboratory/ Workshop on \_\_\_\_\_.

**Chairman/ Director**  
(Signature & Stamp)

<b>Deduction, if any.....</b>	<b>Rs.</b>
<b>Net Amount payable.....</b>	<b>Rs.</b>

Please Affix Revenue Stamp

**Signature of the Claimant**

**For Use of Examinations Deptt: only.**

- 1) Scripts delivered on \_\_\_\_\_
- 2) Due date for Awards & Scripts \_\_\_\_\_
- 3) Awards & Scripts received on \_\_\_\_\_

Signature of ACE(S)

**Chairman/ Director**  
(Signature & Stamp)

The bill has been checked/verified and found correct for payment.  
 Bill No. \_\_\_\_\_ Page No. \_\_\_\_\_  
 Date: \_\_\_\_\_ Amount Rs. \_\_\_\_\_

**SIGNATURE**

**Controller of Examinations**