



KARNATAKA NURSING & PARAMEDICAL SCIENCES EDUCATION (REGULATION) AUTHORITY
Para Medical Board

40/20A, Lakshmi Complex, First Floor, Opp. Vani Vilas Hospital, Fort, Bengaluru-560002

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CONTINGENCY BILL FOR PARA MEDICAL BOARD

ANNUAL / SUPPLEMENTARY EXAMINATION 20 THEORY EXAMINATION

Please Submit one bill for the whole Examination

Duration of Examination From: _____ **to** _____

Name of the Examination center			
Particulars	Rate per candidate	Total Number of Candidates Assigned to the Center	Total Amount
CONTINGENCY EXPENDITURE	Rs. 20/-		

Signature of Observer

Name:

Designation:

College:

Principal Seal & Signature

Note: If a candidate appears for more than 1 subject, Contingency amount must be calculated as one only. It is not for each session and it is for the whole exam.