

PARA MEDICAL BOARD
Supplementary Examination 2017
REMUNERATION BILL FOR PRACTICAL & VIVA VOCE

Name of the Centre:

Course & Year : Subject :

No. of Candidates : Date :

Contact Number :

REMUNERATION	AMOUNT Rs.	SIGNATURE
Name & Designation of External Examiner Rs. 30/- per candidate (min Rs. 100/-)		
Name & Designation of Internal Examiner Rs. 30/- per candidate (min Rs. 100/-)		
Technician Rs. 10/- per candidate (Minimum Rs. 50/-)		
Typist Rs. 8/- Per Candidate (Minimum Rs. 50/-)		
Attender (ONE) Rs. 6/- Per Candidate (Minimum Rs. 50/-)		
Contingency Rs. 10/- Per Candidate (Minimum Rs. 100/-)		
GRAND TOTAL		

TOTAL IN WORDS Rs.....

* Note: Please attach the copy of the invigilator dairy

Account holder Name:
Account Number:
IFSC Code:
Name of the Bank:

Signature of the Principal with Seal