



KARNATAKA NURSING & PARAMEDICAL SCIENCES EDUCATION (REGULATION) AUTHORITY

Para Medical Board

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

Ph No: 080-26702159, 26705773 Email: pmboffice97@gmail.com / pmbexamination@gmail.com

REMUNERATION BILL FOR PARA MEDICAL BOARD
ANNUAL / SUPPLEMENTARY EXAMINATION 20 THEORY EXAMINATION

Please Submit individual bills for each Session

Date of Examination

Session: Morning / Afternoon

Sl. No.	Particulars	Rate per Session	Total No. of Persons	Total Amount	Signature
1	Chief Superintendent	Rs. 400			
2	Deputy Chief Superintendent	Rs. 400			
3	Invigilator (One Invigilator for 20 students)	Rs. 200 for less than 3 hrs QPs (mention Q P Code)			
		Rs. 250 for 3 Hrs QPs (mention Q P Code)			
4	Clerk / Typist (maximum 2)	Rs. 150			
5	Group- D (1 Group-D for 50 students)	Rs. 100			

Signature of Observer

Name:

Designation:

College:

Principal Seal & Signature

Note: Signature of staff's in each session bill is mandatory to process bill.