

**FOR PRACTICAL / PROJECT EXAMINATIONS  
 REMUNERATION / T.A / D.A FOR EXAMINER (External)**

**Name of the Examiner** : \_\_\_\_\_ **Name of the Examination Center:** \_\_\_\_\_

**Designation /Department:** \_\_\_\_\_ **Month and Year of Examinations:** : March 2023

**College** : \_\_\_\_\_ **Total No. of Days** : \_\_\_\_\_

**Address** : \_\_\_\_\_ **Practical/Project** : UG / PG

Date	Subject code and name of practical examination conducted	Number of candidates		Remuneration (INR)	T.A	D.A	Total Amount (INR)
		Registered	Examined		In case of External Only		
<b>Total Amount</b>							

(Rupees in words: \_\_\_\_\_ )

**EXTERNAL EXAMINER**

Remuneration for Practical / Project Examinations

Name of the Account holder	
Bank Account Number	
Nature of Bank Account	
Name of the Bank	
Name and Address of The Bank	
IFS Code	
Mobile Number of Account Holder	
Employee ID - Internal Examiner	

Revenue  
Stamp for  
Exceeds  
(Rs.5000)

Signature of Chief Superintendent /  
Dean /HOD / Deputy Controller

Signature of the Examiner

Station:

Date:

PAID BY CHEQUE / DD / CASH /  
FUND TRANSFER

(FOR OFFICE USE ONLY)

Verified by

Approved / Sanctioned by

Revenue  
Stamp for  
exceeds