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| **LOGO-1** | **MADANAPALLE INSTITUTE OF TECHNOLOGY & SCIENCE**  **(UGC – AUTONOMOUS)**  Approved by AICTE, New Delhi & Affiliated to JNTUA, Anantapururamu  Post Box No. 14, Angallu (Village), MADANAPALLE - 517 325 (AP)  Website www.mits.ac.in |

**REMUNERATION BILL FOR EXAMINER(S)**

NAME OF THE EXAMINER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DESIGNATION & ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COURSE: B.Tech/ M.Tech/ MBA/ MCA/Direct II Year MCA:-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Regulation: - \_\_\_\_\_\_\_\_\_\_

BRANCH & SEMESTER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reg. /supple: (Month & Year):\_\_\_\_\_\_\_\_\_\_

NAME OF THE PRACTICAL COURSE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF EXAMINATION:

Name of the Chief-Examiner/Co-Examiner:

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| --- | --- | --- | --- | --- |
|  | **Total No. of Candidates (All BATCHES)** | **Rate** | **Amount** | **Remarks** |
| PRACTICAL |  |  |  |  |
| TOTAL | | |  |  |

Received Rupees\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Only

**Certified that the above work for which remuneration claimed is completed and in case, if the amount claimed is found to be in excess than eligible, I will refund the excess amount.**

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**Signature of the Examiner**

**NOTE:** 1. Attach appointment letter.

2. Attach lab examination schedule (time table).

Passed for `.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Rupees \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ only)

**PRINCIPAL**