PRACTICAL REMUNERATION BILL (Laboratory Staff)

Name of Exam Centre/Laboratory:		
Name and address of the Lab.Staff		
Designation	Name of Bank	IFSC Code

Account NoContact No.....

Sr.	Date	Session	Semester	Branch	Subject	Name of	No. of	Rate	Amount
No.		(M/E)			,	Lab.	Students		
		(, _,					appeared		
							appearea		
		1	11	Grand Total		<u> </u>			

Note: No TWF is to be deducted from Lab. Staff.

Signature of External Examiner

Bill Verified for Rs.

Principal

(With official Stamp)

Received a sum of Rs.....on account of above payment.

Signature with Name/Date