

VEER NARMAD SOUTH GUJARAT UNIVERSITY, SURAT

Consolidated bill for remuneration payable to + Lab. Supervisors, Expert Assistant, Lab Assistant
Hamlas etc. engaged for conducting the Practical Examination

Center _____ Places _____

Practical Examination _____ (Subject)

Examination _____ * March / April 20
Oct. / Nov.

* Serike off Whichever is not Applicable

Dates on which the Practical were held } 4 hours or less day

Duration of Practical } more than 4 to 7 hours per day
Two practicals per day

Sr. No.	Name	Designation	No. of Day for Preparation		No. of Day for Preparation		No. of Day for Cleaning		Total No. of days Claimed	Rate per day/batch/practical as may be applicable (please refer to scale of Remuneration)	Total Amount Claimed		Signature of paymi received (Please affix reven stamp if the amount exceed Rs. 5000/-)	
			Total Days	Dates	Total Days	Dates	Total Days	Dates			Rs.	Ps.		
1										Rs. for days of Preparation Rs. for days of Practicals Rs. for days of Cleaning				
2										Rs. for days of Preparation Rs. for days of Practicals Rs. for days of Cleaning				
3										Rs. for days of Preparation Rs. for days of Practicals Rs. for days of Cleaning				
4										Rs. for days of Preparation Rs. for days of Practicals Rs. for days of Cleaning				
5										Rs. for days of Preparation Rs. for days of Practicals Rs. for days of Cleaning				
6										Rs. for days of Preparation Rs. for days of Practicals Rs. for days of Cleaning				
7										Rs. for days of Preparation Rs. for days of Practicals Rs. for days of Cleaning				
8										Rs. for days of Preparation Rs. for days of Practicals Rs. for days of Cleaning				
9										Rs. for days of Preparation Rs. for days of Practicals Rs. for days of Cleaning				
10										Rs. for days of Preparation Rs. for days of Practicals Rs. for days of Cleaning				
Date											Total Rs.			

Certified that the above mentioned persons rendered assistance us as mentioned against their names at the practical examination referred to above for numi days mentioned against their names inclusive of days for preparation and cleaning up.

FOR OFFICE USE ONLY

PASSED FOR Rs. _____ P. _____

Date _____ 20

Checked by _____

C.A.O. _____

Examiner's Signature

N.B. : For each separate subject, a separate consolidated bill may pirase be preferred. Payment of this consolidated will be made by cheque through the principle college Concered. +Please attach certificate the Principal, authoring appointment of Laboratory or Workshop Supervisor.