**BIHAR AGRICULTURAL UNIVERSITY, SABOUR, BHAGALPUR**

**REMUNERATION BILL**

Name of Question Setter/Examiner …………………………………………………………………………

Full Address …………………………………………………………………………………………………

……………………………………………………………………………………………….……………….

Subject …………………………….…Course No. …………….…. Year/Semester………..........................

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sl. No. | Particulars of work done | Number | Rate | Amount |
|  |  |  |  |  |
|  |  |  |  |  |

1. Question paper setting :
2. Evaluation of answer books :
3. Question typing charge :
4. Postage charge :
5. Miscellaneous expenses :

I certify that the expenses have been incurred by me

Total Rs.……..………….

(In words …………………………………………………………………...……………………..……)

Received Payment

**Afix**

**Revenue Stamp**

Signature

Checked and found correct

PAY Rs. Prof. in-charge, EE & EC

REGISTRAR

FOR OFFICE USE ONLY

Voucher No. …………………….

Cheque No. ……………………..

Date …………………… Pass Rupees (in words) ……………………………….………………………….

Asstt. (Account Section) Asstt. Comptroller

N.B. (1) For Rates, please turn overleaf.

(2) No action will be taken on bills if not stamped & duly signed.

(3) Examiners are requested to attach vouchers with a certificate along with the remuneration bill