

PRACTICAL REMUNERATION BILL (External Examiner)

Name of Exam Centre/Laboratory:

Name and address of the Examiner:

DesignationBasic Pay & Grade Pay.....Name of Bank.....

IFSC Code Account NoContact No...../.....

Sr. No.	Date	Session (M/E)	Sem.	Branch	Subject	Subject Code	No.of Students		Students appeared in		Rate	Amount	
							Allotted	Appeared	Practical	Project report/Viva Voce/Industrial Trg			
	Grand Total												
	Less TWF @ 5%										(-)		
	Net Amount Payable												

Note: Fill all the columns/fields

Signature of External Examiner

Bill Verified for Rs.

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

Principal

(With official Stamp)

Signature with Name/Date