

**PARA MEDICAL BOARD**  
**ANNUAL / SUPPLEMENTARY EXAMINATION 20\_\_**  
**REMUNERATION BILL FOR PRACTICAL & VIVA VOCE**

Name of the Centre:

Course & Year : Subject :

No. of Candidates : Date :

Contact Number :

REMUNERATION	AMOUNT Rs.	SIGNATURE
Name & Designation of External Examiner Rs. 30/- per candidate (min Rs. 110/-)		
Name & Designation of Internal Examiner Rs. 30/- per candidate (min Rs. 110/-)		
Technician Rs. 11/- per candidate (Minimum Rs. 50/-)		
Typist Rs. 8.8/- Per Candidate (Minimum Rs. 50/-)		
Attender (ONE) Rs. 6.6/- Per Candidate (Minimum Rs. 50/-)		
Contingency Rs. 11/- Per Candidate (Minimum Rs. 100/-)		
<b>GRAND TOTAL</b>		

TOTAL IN WORDS Rs.....

\* Note: Please attach the copy of the invigilator dairy

<b>Account holder Name:</b>
<b>Account Number:</b>
<b>IFSC Code:</b>
<b>Name of the Bank:</b>

Signature of the Principal with Seal