

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

Name of the Centre:

Course & Year : Subject :

No. of Candidates : Date :

Contact Number :

REMUNERATION	Name & Designation	AMOUNT Rs.	SIGNATURE	Bank Details
External Examiner Rs. 60/- per candidate (min Rs. 300/-)				
Internal Examiner Rs. 60/- per candidate (min Rs. 300/-)				
Technician Rs. 20/- per candidate (Minimum Rs. 100/-)				
Typist Rs. 15/- Per Candidate (Minimum Rs. 75/-)				
Attender (ONE) Rs. 10/- Per Candidate (Minimum Rs. 75/-)				
Contingency Rs. 20/- Per Candidate (Minimum Rs. 200/-)				
<b>GRAND TOTAL</b>				

**TOTAL IN WORDS Rs.....**

**\* Note:**

**Please attach the copy of the invigilator dairy  
Provide Account Holder name, Account Number, IFSC Code and Branch  
name in Bank details column.**

**Signature of the Principal with Seal**