**SHAHEED BHAGAT SINGH STATE UNIVERSITY, FEROZEPUR**

**BILL FOR PAYMENT OF REMUNERATION FOR EVALUATION BY FACULTY (PART TIME)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name of the Examination: | | | | | | | |
| Year and session : | | | | | | | |
| Name of Faculty member: | | | | | | | |
| Department: | | | | | | | |
| Nature of appointment: (a) Lecture basis  (b) Consolidated salary but relieved on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| PHONE NO: | | | | | | | |
| Bank Account No: | | | | | | | |
| IFSC CODE: | | | | | | | |
| BANK NAME AND BRANCH : | | | | | | | |
| S NO | COURSE/BRANCH | SEMESTER | SUBJECT NAME | SUBJECT CODE | REGULAR/REAPPEAR | NUMBER OF ANSWERSHEETS EVALUATED | Remuneration |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |
| TOTAL AMOUNT CLAIMED | | | | | | |  |

Date of submission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I/C Evaluation HOD Signature of Faculty

**PRE RECEIPT**

Received a sum of Rs \_\_\_\_\_\_\_\_ (in words\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) from the Controller of Examination, SBSSTC, Ferozepur on account of remuneration for evaluation as mentioned above.

It is also certified that undersigned will deposit the income tax on account of income received for the above said purpose.

Signature of Faculty member with date

**SHAHEED BHAGAT SINGH STATE UNIVERSITY, FEROZEPUR**

**BILL FOR PAYMENT OF REMUNERATION FOR INVIGILATION DUTIES BY FACULTY (PART TIME)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name of the Examination: | | | | | | | |
| Year and session : | | | | | | | |
| Name of Faculty member: | | | | | | | |
| Department: | | | | | | | |
| Nature of appointment: (a) Lecture basis  (b) Consolidated salary but relieved on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| PHONE NO: | | | | | | | |
| Bank Account No: | | | | | | | |
| IFSC CODE: | | | | | | | |
| BANK NAME AND BRANCH : | | | | | | | |
| S NO | DATE | SESSION | SUBJECT NAME | SUBJECT CODE | COURSE/ BRANCH | SEMESTER | Remuneration |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |
| TOTAL AMOUNT CLAIMED | | | | | | |  |

Date of submission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I/c Conduct/ Supdtt. HOD Signature of Faculty

**PRE RECEIPT**

Received a sum of Rs \_\_\_\_\_\_\_\_ (in words\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) from the Controller of Examination, SBSSTC, Ferozepur on account of remuneration for Invigilation duties as mentioned above.

It is also certified that undersigned will deposit the income tax on account of income received for the above said purpose.

Signature of Faculty member with date

**SHAHEED BHAGAT SINGH STATE UNIVERSITY, FEROZEPUR**

**BILL FOR PAYMENT OF REMUNERATION FOR QUESTION PAPER SETTING BY FACULTY (PART TIME)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of the Examination: | | | | | | |
| Year and session : | | | | | | |
| Name of Faculty member: | | | | | | |
| Department: | | | | | | |
| Nature of appointment: (a) Lecture basis  (b) Consolidated salary but relieved on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| PHONE NO: | | | | | | |
| Bank Account No: | | | | | | |
| IFSC CODE: | | | | | | |
| BANK NAME AND BRANCH : | | | | | | |
| S NO | COURSE/ BRANCH | SEMESTER | REGULAR/REAPPEAR | SUBJECT CODE | SUBJECT NAME | Remuneration |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |
| TOTAL AMOUNT CLAIMED | | | | | |  |

Date of submission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOD Signature of Faculty

**PRE RECEIPT**

Received a sum of Rs \_\_\_\_\_\_\_\_ (in words\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) from the Controller of Examination, SBSSTC, Ferozepur on account of remuneration for question paper setting as mentioned above.

It is also certified that undersigned will deposit the income tax on account of income received for the above said purpose.

Signature of Faculty member with date