

To
The Secretary
Tripura Board of Secondary Education
AGARTALA



REMUNERATION BILL FOR EXAMINATION WORK
H.S.(+2) Examination/Madhyamik (SE), Month.....20.....

VENUE.....
(Place of Evaluation)

1. Name in full : Examiners Code No.....
(in block letter)
2. Name of the School :
With full address P.O..... Sub-Div..... District.....
3. Subject : Theoretical / Practical (External)
4. Reference : No..... Dated

PARTICULARS OF CLAIM

A. Remuneration for	Number of Answer Scripts (in details)	Rate of Remuneration	Amount Rs.
Examination of Answer Scripts			
Examination of Answer Paper old			
Scrutiny/Head Examiners of Answer Scripts			

Total (A) Rs.

B. Allowances

(Tick Mark which is applicable)

D.A. for within 15 km @ Rs. x days = Total Rs.

D.A. for 15 to 25 km @ Rs. x days = Total Rs.

D.A. for above 25 km @ Rs. x days = Total Rs.

Bus Fare (entitle above 25 km. To & fro)

Grand Total (A+R) = Rs

Signature in full.....

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Designation

Bank Name Branch

Bank Account No. IFSC Code

(Enclose Bank Passbook's Xerox copy)

Contact Phone / Mobile No.

(For use of Head Examiner, Officer-in-charge)

CERTIFICATE

Certified that Shri/Smt.
of School has examined /scrutinized
Answer-Scripts of H.S.(+2 Stage) /Madhyamik Examination , 20..... He/She has performed duties in
connection with evaluation of Answer Scripts during the period from to

Signature of the Head Examiner
(Name in full)

Dealing Assistant

Dy. Secretary