

KIT'S COLLEGE OF ENGINEERING (AUTONOMOUS), KOLHAPUR

FORM No.E-35

Bill of Staff Member Engaged at Practical /Oral /Practical & Oral Examinations

Name of Program :
Examinations:
Course Code:
Course Name:
Month:
Year:
Semester:

Note : Claims of all Staff members appointed at one and the same Practical /Oral/ practical & Oral examination in any one Course must be preferred in one and the same form No claim, submitted later, in respect of the same course, will be entertained for payment. The chairman or the senior examiner, as the case may be is kindly requested to see that the form duly filled in and countersigned by him, is submitted to the Exam Cell, through the HOD and DEC of the program concerned immediately after the conclusion of the examination. The form, in which any entry is left blank, will be returned to him for completion. A consolidated cheque for the total amount due to all the persons will be sent to the head of the Program concerned, or Individually Bank Account after the date of result of the examination concerned.

Examination :		Month & Year:		Sem:		Register Folio No:							
Course Code:		Course Name:				Voucher No:							
Program Name:		Class Name (Division):				Examination Charges- Staff Member :							
Sr.No	# Name of Staff Member	Designation (Expert Assistant, Attendants) etc.	*Date of Examination On which worked	Dates of Preparation	Date of Cleaning	Total No. of Examination	Total No. of Preparation	Total No. of Cleaning	Total No .of days worked	+ Rate	Amount		Signature (on a revenue stamp If amount is over Rs. 5000/-)
						Days (a)	Days (b)	Days (c)	(a+b+c)		Rs.	Ps.	
1		Expert Assistant											
2		Expert Assistant											
3		Lab. Assistant											
4		Lab. Assistant											
5		Peon											
6		Peon											
									Total Amount				

*We here by certify that the above Staff Member rendered assistants to us at the above Practical /Oral/ Practical & Oral examination; that the examination lasted for _____, and that the work of preparation and cleaning in respect of the said examination was done on the days specified herein. We further Certify that the examination commenced daily at _____ hours and was over at _____ hours. (Please do not include the time spent in preparing and cleaning for the examination, if any)

\$ We also certify that total number of journals (Term Work) examined was and that the assessment daily started athours and was over at hours (Internal Examiner Name & Signature) (External Examiner Name & Signature) 1)..... 1) 2)..... 2).....	Countersignature of the Chairman or the Senior Examiner	For College office :			(FOR USE IN THE ACCOUNT OFFICE)				
		No : _____ Dt: _____ Forwarded to the Registrar/Accountant , KITCOEK, for necessary action.			Cheque No: Date:/...../20 Passed for Rs :.....PS..... Rupees:..... Date:...../...../20				
		Clerk	A/C	COE	Registrar	Director			

* wherever the practical programmes are drawn by the departments the bill should be invariably accompanied by a copy of the same
 + Please refer to the scale of remuneration for rates sanctioned by the management. Where the rates for the days of examinations and those of preparation and cleaning are different both the rates may be indicated in the column.
 # In case, the No. exceeds 6, another bill from may be used or a typed sheet in the form required with the signature of all the examiners thereon may be attached to this form.