



# NEHRU MEMORIAL COLLEGE

(Autonomous, Accredited with 'A' Grade by NAAC & Affiliated to Bharathidasan University, Tiruchirappalli)

Puthanampatti-621007, Tiruchirappalli- District

## CLAIM BILL FOR REMUNERATION, TRAVELLING AND HALTING ALLOWANCES

### (FOR EXTERNAL EXAMINER)

Nature of work: **Practical Examinations of April/November 20**\_\_\_

For the UG/PG /Diploma Programme: \_\_\_\_\_

Title of the Practical Course: \_\_\_\_\_ Code: \_\_\_\_\_

Date(s) of Practical Examination: \_\_\_\_\_ Total Number of Sessions: \_\_\_\_\_

**NAME OF THE EXAMINER WITH OFFICIAL ADDRESS:** \_\_\_\_\_

Remuneration				
No. of candidates Registered	Total Number of students attended	Rate Per Student Rs.	Amount	
			Rs.	Ps.
<b>Total (A)</b>				

Date(s) Of Journey	KMs Travelled	From	To	Amount	
				Rs.	Ps.
Incidental charges 1/4 <sup>th</sup> of Train Fare (if Applicable)					
Halting allowance at Rs. _____ /-per day for _____ days					
<b>Total (B)</b>					
<b>GRAND TOTAL (A+B)</b>					

Rupees in words: \_\_\_\_\_

**Mobile Number:** \_\_\_\_\_

**Signature of the Claimant with date**

Your bank account details for Transfer of claim amount through NEFT (Kindly give your Bank Account details **WHICH IS IN YOUR NAME** legibly in **CAPITAL LETTERS** for error free transfer of claim amount). **PLEASE DO NOT GIVE JOINT BANK ACCOUNT DETAILS HERE.**

<b>NAME of the Account Holder</b>	
<b>SB A/C NUMBER (as appear in the PASS BOOK with ALL DIGITS)</b>	
<b>Name of the Bank and location of the Branch</b>	
<b>IFSC Code</b>	

<b>Verified:</b>	<b>For COE Office Use only</b>	<b>Passed for Payment</b>
<b>Amount in Rs.</b>		
<b>CONTROLLER OF EXAMINATIONS</b>		