



ODISHA UNIVERSITY OF HEALTH SCIENCES, BHUBANESWAR
Sishu Bhawan Square, Bhubaneswar, Pin-751009

REMUNERATION BILL FOR UNIVERSITY EXAMINATIONS: 20____ - 20____
(Annual / Semester / Supplementary / Attempt / Detained)

Part - A Name & other information of Examiner appointed for Theory / Project Report / Dissertation / Thesis / Practical / Oral Examination.

1. Full Name: _____
2. Designation _____ Department; if any: _____
3. College / University: _____

Part - B Name & other information of the Examination.

4. OUHS App. Order No _____ Date _____
5. Name of the Examination: _____
6. Subject detail (s): _____
7. Centre: _____
8. Official Days of Evaluation: From _____ to _____
9. No of day (s) assigned and / conducted: _____
10. Information on evaluation of Theory Script / Project Report / Dissertation / Thesis / Practical / Oral Examination and remuneration payable:

Sl	Detail	Course, Subject Name, Code & Semester / Year	Amount
i	No of valued Scripts _____ @ Rs. _____/- per book* or minimum amount if any; please specify		
ii	Valuation of Project Report / Dissertation / Thesis of _____ no of candidates @ Rs. _____/- per Project Report / Dissertation / Thesis or minimum amount if any; please specify		
iii	Conduct of Practical / Oral Examination of _____ no of candidates @ Rs. _____/- per candidate or minimum amount if any; please specify		
iv	Other; if any		

11. Bank detail (Please specify if joint account, and enclose a cancelled cheque leaf photocopy.

i	Bank Account No. (15-digit format)	
ii	Name of the Bank & Branch	
iv	IFSC Code	

PTO

Part C- Certificate and Pre-Receipt.

CERTIFICATE

- (i) That I have not submitted and received the amount of this bill before.
- (ii) That I have / have not submitted TA / DA Bill separately. Or
- (iii) I am not entitled for TA / DA as the Evaluation Centre (Central / Zonal) is in my location of employment.

Signature of the Examiner

Note:

- (i) The Examiner is requested to ensure that every column provided in the examination remuneration bill form is filled in properly to enable to make expeditious payment for his / her remuneration.
- (ii) Examination remuneration bill should be submitted to University immediately after submission of awards and scripts of the respective examination.

PRE-RECEIPT

RECEIVED from the Odisha University of Health Sciences, Bhubaneswar the sum of Rs.

_____/- (Rupees _____)
_____) towards full payment of my above referred bill.

Date _____

Signature of the Examiner

Verified and endorsed

Date _____

**Centre Superintendent / Supervisor, Central
/ Zonal Evaluation Centre with seal**

For Use in Examination Branch

Verified, and recommended as under;

Payment of Rs. _____ (In words) _____

Examination: _____

Debit Head: Examination Fund, OUHS, Bhubaneswar

Junior Assistant / Officer In-charge

Controller of Examination

Dated _____

For Use in Finance Branch

Bill File No _____

Passed for payment of Rs. _____

(In words)

Examination: _____

Debit Head: _____

Date of (RTGS/ NEFT) Payment: _____

Junior Assistant / Officer In-charge

Comptroller of Finance