

Uttar Pradesh University of Medical Sciences, Saifai, Etawah

(Ph. No. 05688-276598)

Remuneration Form (Answer Book Evaluation /Re-evaluation)

96

Order no:.....

Date:.....

(ALL FIELDS ARE MANDATORY)

*Please use font size 8 to fill out the form properly

<p>Name of Examiner (IN BLOCK LETTER, As in Bank Account)</p> <p>First Name <input style="width: 100%;" type="text"/></p> <p>Middle Name <input style="width: 100%;" type="text"/></p> <p>Surname <input style="width: 100%;" type="text"/></p> <p>Department:.....</p> <p>Email ID:.....</p> <p>Mobile no. <input style="width: 100%;" type="text"/></p> <p>Bank Account No. <input style="width: 100%;" type="text"/></p> <p>IFSC Code : <input style="width: 100%;" type="text"/></p> <p>Bank Name & Branch:.....</p> <p>PAN no. (Permanent Account Number) <input style="width: 100%;" type="text"/></p>	<p>Complete postal address:.....</p> <p>.....</p> <p>.....</p> <p>City:.....</p> <p>State:.....</p> <p>Pin code <input style="width: 100%;" type="text"/></p> <p style="text-align: right;">(Please attach scanned copy of PAN.)</p>
---	--

Detail of Remuneration Claimed (Answer Book Evaluation/Re-evaluation)

<p>Course:.....</p> <p>Subject:.....</p> <p>Subject Code:.....</p> <p>Year:.....</p>	<p>Theory:.....</p> <p>No of Answer Book Evaluation:.....</p> <p>No of Answer Book Re-evaluation:.....</p> <p>No of Students evaluated:.....</p> <p>(For Internal Examiner)</p>				
<p>.....</p> <p>Signature of Examiner with Date</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">Not to be filled by Examiner</th> </tr> <tr> <td style="width: 60%; text-align: center;">Payable amount</td> <td style="width: 40%; text-align: center;">Rs.</td> </tr> </table>	Not to be filled by Examiner		Payable amount	Rs.
Not to be filled by Examiner					
Payable amount	Rs.				

For office use only

1. Certified that he/she was one of the examiners and that he/she has set the papers as mentioned above.
2. Certified that this is the first remuneration bill on this account.

Date:..... Authorised Signatory (Confidential Section)

PASSED FOR PAYMENT

Dated..... Controller of Examination

Payment made Rs.....Vide Cheque/Draftno.....Dated.....

Or payment made by NEFT vide Transaction ID no.....

Authorised Signatory

NOTE: INCOMPLETE FORMS WILL NOT BE ENTERTAINED

Uttar Pradesh University of Medical Sciences, Saifai, Etawah

(Ph. No. 05688-276598)

Remuneration Form (External & Internal Examiner for Practical)

Order no:.....

Date:.....

(ALL FIELDS ARE MANDATORY)

*Please use font size 8 to fill out the form properly

Name of Examiner (IN BLOCK LETTER, As in Bank Account) First Name <table border="1" style="display: inline-table; width: 150px; height: 15px;"></table> Middle Name <table border="1" style="display: inline-table; width: 150px; height: 15px;"></table> Surname <table border="1" style="display: inline-table; width: 150px; height: 15px;"></table>		Complete postal address:..... City:..... State:..... Pin code <table border="1" style="display: inline-table; width: 50px; height: 15px;"></table>	
Department:..... Email ID:..... Mobile no. <table border="1" style="display: inline-table; width: 100px; height: 15px;"></table>		(Please attach scanned copy of PAN.)	
Bank Account No. <table border="1" style="display: inline-table; width: 150px; height: 15px;"></table>			
IFSC Code : <table border="1" style="display: inline-table; width: 150px; height: 15px;"></table>			
Bank Name & Branch:..... PAN no. (Permanent Account Number) <table border="1" style="display: inline-table; width: 100px; height: 15px;"></table>			
Detail of Remuneration Claimed (Practical)			
Course:..... Subject:..... Subject Code:..... Year:.....		No of Students evaluated in Practical.....	
Signature of Examiner with Date		Not to be filled by Examiner	
		Payable amount	Rs.
<p style="text-align: center;">For office use only</p> 1. Certified that he/she was one of the examiners and that he/she has conducted practical as mentioned above. 2. Certified that this is the first remuneration bill on this account.			
Date:.....		Signature of Dean (Faculty of.....)	
Payment made Rs..... Vide Cheque/Draftno..... Dated..... Or payment made by NEFT vide Transaction ID no.....			
			Authorised Signatory
NOTE: INCOMPLETE FORMS WILL NOT BE ENTERTAINED			