



GOA UNIVERSITY

Taligao Plateau, Goa

REMUNERATION TO EXAMINERS :

INCOMPLETE BILL WILL NOT BE ENTERTAINED

Instructions : I. *The Chairman / Convenor / the Chief Moderator shall submit a joint claim on behalf of all his colleagues in the subject, indicating the amount of remuneration payable to each of them, duly signed by him.*

II. *The form in which any entry is left blank will be returned to the claimant for completion*

Name of the Examination : _____	Date of Examination : _____
Name of Examiners _____	
Examiner in the subject of _____ Examination Centre _____	

	Rs.	Ps.
1) Drawing up _____ No. of sets of Question Paper/s of _____ hours duration at Rs. _____ per paper.		
2) For correcting Proof of _____ Question Paper/s @ Rs. _____ per paper		
3) Examining _____ candidates orally and / or practically at Rs. _____ per candidate.		
4) Examining _____ answer books @ Rs. _____ per answer book		
5) Examining _____ dissertations @ Rs. _____ per dissertation		
6) Remuneration to Moderators _____ Share per moderator _____		
7) Remuneration due to Chariman in the subject of _____		
Total		


- I declare that :-**
- (a) The paper-setters/examiners shown on reverse of the bill were the only paper setters / examiners appointed in the subject and that they actually carried out the work assigned to them.
 - (b) The total number of question papers charged for were actually set and that their duration is correctly stated.
 - (c) The total amount of the bill may be distributed amongst the paper-setters / examiners as shown against each of them.
 - (d) The total number of answer papers / section assessed in theory was _____
 - (e) The number of candidates examined in practicals was _____
 - (f) The total number of Term work / Dissertations examined in the subject was _____

I have consulted the other examiner/s and they all have agreed to share the remunerations as indicated on the bill.

Date : _____
Signature of the Chairman Board of Examiners / _____

RECEIPT

I hereby acknowledge that the receipt of the amount stated below against my name. The Cheque may be sent at the address shown below my name.

Name & address of the Examiner	Details of the Amount	Total Amount to be paid	Amount Finally admitted for Payment	Signature of the Examiner on Revenue Stamp
	1) Chairmanship 2) Moderation 3) Paper setting 4) Remuneration 5) Proof Correction 6) Dissertation			

Proof Correction	Date	Time	Subject	Paper corrected by
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				