

# PUNJAB TECHNICAL UNIVERSITY, JALANDHAR

## Bill Form for Invigilators for Practical Examinations

1. Name of Practical Examination \_\_\_\_\_ Month \_\_\_\_\_

2. Name of Centre of Practical Examination \_\_\_\_\_ Date. \_\_\_\_\_

3. Total No. of Candidates \_\_\_\_\_ Subject \_\_\_\_\_

II-Dates of Examination			A	B	C	D	E	F	G	H	Total registered students (A+C+E+G)	Total Attendance (B+D+F+H)	Rate	Total remuneration
III Names of Examiner with complete address (in block letters)  N.B. Full address of each Examiner may be given to ensure speedy payment.	Qualifications	Designations	No of registered Candidates in 1st batch	Attendance	No of registered Candidates in IInd batch	Attendance	No of registered Candidates in IIIrd batch	Attendance	No of registered Candidates in IVth batch	Attendance				
1			(M)											
			(E)											
2			(M)											
			(E)											
3			(M)											
			(E)											
4			(M)											
			(E)											
5			(M)											
			(E)											
										<b>Total</b>				

M denotes Morning Time  
E denotes Evening Time

Total No. of candidates examined by all the Practical Examiners in the Laboratory.

Sign. of External Examiner

Sign. of Internal Examiner

Sign. of Laboratory Incharge

Certifies that persons names in the bill were actually engaged in assisting the practical examiners during the days noted against the name of each and he/she worked satisfactory.

**Principal/Director**  
(with Seal)

Receipt of payment: -

Name of Examiners	Designation	Amount	Signatures
	External Examiner		
	Internal Examiner		
	Lab Staff		

Affix 1 Rs. Revenue Stamp if amount exceeds Rs.5000/-