



POKHARA UNIVERSITY
Office of the Controller of Examinations
Examinations Remuneration Bill

Faculty Level Semester/Trimester/Year

Year Full Marks Program

Course Code Course

Full name Contact No.

Address Designation

Check	Particular of work done	Number/Set	Rate (Rs.)	Remuneration Rs.	Remarks
	Question paper setting				
	Question paper moderation				
	Answer book examined				
	Answer book scrutinized				
	Answer book rechecking/retotaling				
	Extra Remuneration if any (mention)				
Total Remunerations Rs.					
Tax Deducted at Source (15%) Rs.					
Net Received Amount Rs.					

(In words Rupees only)
Date Full Signature :

Packet received (Exam Section)

Receiver's Signature :
Date :

Packet received (by Examiner)

Receiver's Signature :
Date :

Checked and found work done correctly

Recommended by Approved by

To be filled in by Account Section

Amount paid on Rs.
By Cheque No.
Date

.....
Received by

.....
Account Section

I would like to request you to deposit my Remunerations in following details.

Account Holder's Name (Block Letter):-

Address (According to Bank) :-

Name of Bank :-

Account Number :- PAN No.....

Signature :- Date.....