

VAISH TECHNICAL INSTITUTE, ROHTAK
BILL FORM FOR EXTERNAL EXAMINER FOR PRACTICAL EXAM

HSBTE EXAM _____ 202__

1. Name of External Examiner _____

2. Designation with official address _____

3. Bank Details A/c No. _____

IFSC CODE _____

4. Whether Govt./Non-Govt./Aided Employee _____

5. If Govt. Employee state whether Gazetted
or Non-Gazetted _____

6. Particular of practical Exam conducted (Given Below)

Sr. No.	DATE & SHIFT	SEM & BRANCH	SUBJECT NAME & Paper id	No.of students Examined	Rate	Amount	Minimum Honorarium (if applicable)	Higher of last two columns	Remarks

It is certified that I have not claimed the payment in respect of above mentioned practical examination in any other bill.

(Signature of External Examiner)

Verification by the Internal Examiner

It is certified that all the above information (point no-6) given by the External examiner is correct.

(Signature of Internal Examiner)
(With Designation & official address)

(Countersigned by HOD)

Note: Remuneration for External Examiner is Rs. 12/- per student + TA (with minimum honorarium of Rs. 300/-)

VAISH TECHNICAL INSTITUTE, ROHTAK
BILL FORM FOR INTERNAL EXAMINER FOR PRACTICAL EXAM

HSBTE EXAM _____ 202__

1. Name of INTERNAL Examiner _____

2. Designation with official address _____

3. Bank Details A/c No. _____

IFSC CODE _____

4. Whether Govt./Non-Govt./Aided Employee _____

5. If Govt. Employee state whether Gazetted
or Non-Gazetted _____

6. Particular of practical Exam conducted (Given Below)

Sr. No.	DATE & SHIFT	SEM & BRANCH	SUBJECT NAME & Paper id	No.of students Examined	Rate	Amount	Minimum Honorarium (if applicable)	Higher of last two columns	Remarks

It is certified that I have not claimed the payment in respect of above mentioned practical examination in any other bill.

(Signature of INTERNAL Examiner)

Verification by the EXTERNAL Examiner

It is certified that all the above information (point no-6) given by the INTERNAL examiner is correct.

(Signature of EXTERNAL Examiner)
(With Designation & official address)

(Countersigned by HOD)

Note: Remuneration for INTERNAL Examiner is Rs. 8/- per student (with minimum honorarium of Rs. 200/-)

VAISH TECHNICAL INSTITUTE, ROHTAK
BILL FORM FOR LAB ATTENDANT FOR PRACTICAL EXAM

HSBTE EXAM _____ 202__

1. Name of LAB ATTENDANT _____

2. Designation with official address _____

3. Bank Details A/c No. _____

IFSC CODE _____

4. Particular of practical Exam conducted (Given Below)

Sr. No.	DATE & SHIFT	SEM & BRANCH	SUBJECT NAME & Paper id	No.of students Examined	Amount	Remarks

It is certified that I have not claimed the payment in respect of above mentioned practical examination in any other bill.

(Signature of LAB ATTENDANT)

Verification by the Internal Examiner

It is certified that all the above information (point no-4) given by the Lab Attendant is correct.

(Signature of Internal Examiner)
(With Designation & official address)

(Countersigned by HOD)

Note: Remuneration for LAB ATTENDANT is Rs. 175/= per shift