



**Pt. DEENDAYAL UPADHYAY MEMORIAL HEALTH SCIENCES AND AYUSH
UNIVERSITY OF CHHATTISGARH, RAIPUR**

(Established by C.G. Act 21/2008) Website- www.cghealthuniv.com

Form No. C-21

Code No.

Remuneration Bill For Annual/Suppl.Month.....Year -20.....

Name of Examiner (IN Block letter).....

Mobile No.

Postal Address with Pin code No.

NAME OF BANK Acctt.No Bank CodeNo

S. No.	Remuneration for	Name of Exam	Subject & Paper	Number of Examined/set	Amount Rs.	P.
1.	For Setting paper code no					
2	For marking answer books (Details overleaf					
3	For conducting practical viva-voce center					
4	Ph. D Thesis/Dissertation evaluated					
5	Revaluation of A/B					
6	Tabulation/Collection/ observer					
				Total		

Amount in words Rs..... only

Received Payment.

Signature of Examiner Signature of Examiner with date

Verified from the records and certify that the claim for sl. 1,2,3,4,5,6 as detailed in this bill is correct there is no error delay of discrepancy except as detailed below/As per certification of Principal.

Supdt.(conf.) Dated for-wording Asstt.Registrar

Amount Claimed Rs. Passed for payment of Rs.

Account Internal Auditor Finance Officer.

Voucher No.

Month.

Bill Reg No. Page No. Finance Officer

PAID VIDE CHEQUE NO. DATE.....

Cheque Writer

Accountant

Details of Valued Answer Book Candidate in Practical's

Center	Number Valued/examined	Roll No of absentees
Total		

Foils and counter Foils were dispatched on valued copies dispatched by post

Rail on Railway receipt was dispatched on

Date

Signature of Examiner

REMUNERATION RATES

S. No.	Name of Examination	विद्या परिषद 13.07.2015 क्र./18 में स्वीकृत	कार्य समिति 23.01.2016 क्र.11 में स्वीकृत		Thesis Valuation	Minimum Remuneration
		Paper Setting	valuation per copy	Practical & Clinical+viva voce per Student		
1.	Ph.D				800	
2.	M.Sc. (Nursing)	650	30	20		
3.	M.P.T	650	30	20		
4.	B.A.M.S/B.H.M.S./ B.N.Y.S/B.U.M.S.	500	30	20		} 200
5.	M.B.B.S & B.D.S/B.P.T/B.A.S.L.P	500	30	20		
6.	M.D./M.S (medical/ Ayurvedic) M.D.S.	800	30	20	500	
7.	B.Sc.Nursing/Post Basic B.Sc. (N)/B.Sc.Dial. Tech.	500	30	20		
8.	P.G.Diploma (Medical/Ayurveda)	650	30			
9.	M.Sc. Med. Bio- Tech/Renal Sc/Radio Th.	500	30	20		200
10.	Revaluation of Answer Book	-	40	-	-	100
11	M.Sc. (N) Dissertation		200			



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Name of Bank ----- Acct. No. ----- Bank Code No. -----

Grade pay Rs----- (Revised Wef. 01-01-06) TA Grade-----

Traveling Allowance Bill of Shri/ Sr----- Voucher No----- For the month of-----

Desognation & Address ----- Head of Account-----

Contact TelePhone / Mobile No.-----

Table with 14 columns: Date of Departure, Date of Arrival, Hours of Departure, Hours of Arrival, Route From, Route To, Mode of Journey, Distance in k.meter, Purpose of Journey, Fare, Head Quarter Allowance, Journey D.A., Daily Allowance Amount, Total Col .10+11+12+13

CERTIFICATE

1. Purpose of Journey is certified

2. Countersigned

Registrar/ vice- chancellor

Passed For Payment of RS.

(Rupees.....) only

Dealing Assistant

Supdt. Audit

Finance Officer

Pay Rs(Rupees.....) only

Resgistrar Finance / Finance Officer

Paid Vide Cheque No.....

Dated..... For Rs.

Noted in T.A. Bill

Register No.....

On Pageno.....

Dealing Assistant

Dealing Assistant

Rupees.....only

Certificate

Purpose to Perform the return Journey By train Entitled class in case the Journey is not actually so performed For any reason i.e. Want of reservation) I declare that I will inform the University within a week and pay to the university the amount to which lam Found not entitled.

SIGNATURE OF CLAIMANT

