

**Pt. DEENDAYAL UPADHYAY MEMORIAL HEALTH SCIENCES AND AYUSH**



**UNIVERSITY OF CHHATTISGARH**  
(OLD NAME- AYUSH AND HEALTH SCIENCES UNIVERSITY)

UPARWARA, NAYA RAIPUR  
(Established by C.G. Act 21/2008)

Ph/Fax. 0771-2263234

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.....A/C No.....IFSC Code.....**

| 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                  |              |                 |                        |               |
|        |   |              |                 | <b>Total</b>           |               |

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                                   | प्रबंधन बोर्ड से दिनांक 07.03.2019 से<br>क्रमांक 30 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   |                  | 200                  |
| 3.     | M.P.T   |   |                    |  |                  |                      |
| 4.     | B.P.T./B.H.M.S./<br>B.N.Y.S/B.U.M.S./<br>B.A.S.L.P.   | 500   | 30                 | 20   |                  | 200                  |
| 5.     | M.B.B.S &<br>B.D.S/B.A.M.S.                           | 650   | 40                 | 30   |                  | 500                  |
| 6.     | M.D./M.S (medical/<br>Ayurvedic) M.D.S.               | 1000  | 150                | 50   | 1000             | 500                  |
| 7.     | B.Sc.Nursing/Post Basic<br>B.Sc. (N)/B.Sc.Dial. Tech. | 500   | 30                 | 20   |                  | 200                  |
| 8.     | M.Sc. Med. Bio-<br>Tech/Renal Sc/Radio Th.            |   |                    |  |                  |                      |
| 9.     | P.G.Diploma<br>(Medical/Ayurveda)                     | 800   | 150                | 50   |                  | 500                  |
| 10.    | Revaluation of Answer<br>Book                         | -   | 100                | -  | -                | 100                  |
| 11.    | M.Sc. (N) Dissertation                                |   | 200                |  |                  |                      |
| 12.    | Supervisors<br>(for invigilation)                     |   |                    |  |                  | 250                  |
| 13.    | Flying Squad Member                                   |   |                    |  |                  | 500 Rs/day           |
| 14.    | Center Supdt.   |   |                    |  |                  | 500 Rs/day           |
| 15.    | Asst. Center Supdt.                                   |   |                    |  |                  | 400 Rs/day           |
| 16.    | Invigilator   |   |                    |  |                  | 200                  |
| 17.    | Clerkial Staff  |   |                    |  |                  |                      |
|        | A) Clerk  |   |                    |  |                  | 100                  |
|        | B) Peon   |   |                    |  |                  | 50                   |
|        | C) Driver   |   |                    |  |                  | 50                   |





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

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

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

Travelling Allowance Bill of Shri/ Sr ..... Voucher No. .... Head of Account .....

Contact Telephone / Mobile No. .... For the month of .....

| Date of | Hours of |           | Route   |    | Mode of Journey Rail / Bus / Car | Distance in k.meter | Purpose of Journey | Fare | Head Quarter Allowance | Journey D.A. | Daily Allowance Amount | Total Col 10+11+12+13 |    |
|---------|----------|-----------|---------|----|----------------------------------|---------------------|--------------------|------|------------------------|--------------|------------------------|-----------------------|----|
|         | Arrival  | Departure | Arrival | To |                                  |                     |                    |      |                        |              |                        |                       |    |
| 1       | 2        | 3         | 4       | 5  | 6                                | 7                   | 8                  | 9    | 10                     | 11           | 12                     | 13                    | 14 |
|         |          |           |         |    |                                  |                     |                    |      |                        |              |                        |                       |    |
|         |          |           |         |    |                                  |                     |                    |      |                        |              |                        |                       |    |
|         |          |           |         |    |                                  |                     |                    |      |                        |              |                        |                       |    |
|         |          |           |         |    |                                  |                     |                    |      |                        |              |                        |                       |    |
|         |          |           |         |    |                                  |                     |                    |      |                        |              |                        |                       |    |
|         |          |           |         |    |                                  |                     |                    |      |                        |              |                        |                       |    |
|         |          |           |         |    |                                  |                     |                    |      |                        |              |                        |                       |    |
|         |          |           |         |    |                                  |                     |                    |      |                        |              |                        |                       |    |
|         |          |           |         |    |                                  |                     |                    |      |                        |              |                        |                       |    |

CERTIFICATE

- Purpose of Journey is certified  
Rupees..... only
- Countersigned Registrar/ vice- chancellor  
Passed For Payment of Rs. (Rupees.....) only

Dealing Assistant Supdt. Audit Finance Officer

Pay Rs ..... (Rupees.....) only

Registrar Finance / Finance Officer

Paid Vide Cheque No. ....

Dated: ..... For Rs. ....

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 I am Found not entitled.

SIGNATURE OF CLAIMANT

