

Pt. DEENDAYAL UPADHYAY MEMORIAL HEALTH SCIENCES AND AYUSH



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

UPARWARA, ATAL NAGAR
(Established by C.G. Act 21/2008)

Ph/Fax. 0771-2263234

Form No. C-21

Please enclose photocopy of PAN Card

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				
				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	प्रबंधन बोर्ड से दिनांक 07.03.2019 से 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./ B.N.Y.S/B.U.M.S./ B.A.S.L.P.	500	30	20		200
5.	M.B.B.S & B.D.S/B.A.M.S.	650	40	30		500
6.	M.D./M.S (medical/ Ayurvedic) M.D.S.	1000	150	50	1000	500
7.	B.Sc.Nursing/Post Basic B.Sc. (N)/B.Sc.Dial. Tech.	500	30	20		200
8.	M.Sc. Med. Bio- Tech/Renal Sc/Radio Th.					
9.	P.G.Diploma (Medical/Ayurveda)	800	150	50		500
10.	Revaluation of Answer Book	-	100	-	-	100
11.	M.Sc. (N) Dissertation		200			
12.	Supervisors (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

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



NAME OF BANK

A/c No

1 FSC CODE

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

Travelling Allowance Bill of Shri/ Sr.....-Voucher No.....

Contact Telephone / Mobile No.....-Head of Account.....

For the month of.....

Date of Departure	Arrival	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
		Departure	Arrival	From	To								
1	2	3	4	5	6	7	8	9	10	11	12	13	14

CERTIFICATE

Rupees.....only

1. Purpose of Journey is certified

2. Countersigned Registrar/ vice- chancellor

Passed For Payment of RS. (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 I am Found not entitled.

Dealing Assistant

Supdt. Audit

Finance Officer

Pay Rs(Rupees.....) only

Registrar Finance / Finance Officer

Paid Vide Cheque No..... Noted in T.A. Bill

Dated..... For Rs. Register No.....

..... On Pageno.....

SIGNATURE OF CLAIMANT

Dealing Assistant

Dealing Assistant

