### SHAHEED BHAGAT SINGH STATE UNIVERSITY, FEROZEPUR

### BILL FOR PAYMENT OF REMUNERATION FOR EVALUATION BY FACULTY (PART TIME)

Name of the Examination:							
Year and session :							
		ılty membe	er:				
Department:  Nature of appointment: (a) Lecture basis							
5116	NE NO		(b) Consolidate	ed salary	but relieve	ed on	
PHONE NO: Bank Account No:							
		. IVO.					
IFSC CODE: BANK NAME AND BRANCH:							
S NO	COURSE/ BRANCH	SEMESTER		SUBJECT CODE	REGULAR/ REAPPEAR	NUMBER OF ANSWERSHEETS EVALUATED	Remuneration
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
			TOTAL AMOUN	T CLAIMED			
Date of submission:							
I/C Evaluation			HOD		Signature of Faculty		
PRE RECEIPT							
Received a sum of Rs (in words) from the Controller of Examination, SBSSTC, Ferozepur on account of remuneration for evaluation as mentioned above.							

It is also certified that undersigned will deposit the income tax on account of income received for the above said purpose.

Signature of Faculty member with date

### SHAHEED BHAGAT SINGH STATE UNIVERSITY, FEROZEPUR

## BILL FOR PAYMENT OF REMUNERATION FOR INVIGILATION DUTIES BY FACULTY (PART TIME)

		Examinat	tion:				
	and sess						
		ılty mem	ber:				
	rtment:		+. (a)   a a+a b a a	.:_			
INatui	re or app	ointmen	t: (a) Lecture bas (b) Consolidate		out relieved	on	
PHON	IE NO:						
	Account	t No:					
	CODE:						
	1	AND BRA		CUBIECE	0011005/	CEN 45CT5D	
S NO	DATE	SESSION	SUBJECT NAME	SUBJECT CODE	COURSE/ BRANCH	SEMESTER	Remuneration
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
			TOTAL AMOUNT C	LAIMED			
Date of	submissio	n:					
I/c Conduct/ Supdtt.			н	HOD Signature of F			ure of Faculty
			PRE	RECEIPT			
Receive	ad a sum	n of Rs	(in words_				١
from t	he Conti	roller of	Examination, SBSS ioned above.				
			dersigned will depo	sit the inco	me tax on a	ccount of inc	ome received

for the above said purpose.

Signature of Faculty member with date

### SHAHEED BHAGAT SINGH STATE UNIVERSITY, FEROZEPUR

# BILL FOR PAYMENT OF REMUNERATION FOR QUESTION PAPER SETTING BY FACULTY (PART TIME)

		Examinatio	on:				
Year and session :							
Name of Faculty member:							
	artment:	ointmont:	(a) Locturo basis				
Nature of appointment: (a) Lecture basis (b) Consolidated salary but relieved on							
PHONE NO:							
	k Account	t No:					
	C CODE:	AND DDAN	CII .				
S	1	AND BRAN		SUBJECT	CLIDICCT NAME	Domunoration	
NO	COURSE/ BRANCH	SEMESTER	REGULAR/REAPPEAR	CODE	SUBJECT NAME	Remuneration	
1	DIVAINCH			CODE			
_							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
			TOTAL ANADUMIT CLAIM	450			
TOTAL AMOUNT CLAIMED							
Date o	of submissio	n:					
I/c Conduct		HOD		Signature of Faculty			
PRE RECEIPT							
Received a sum of Rs (in words)							
from the Controller of Examination, SBSSTC, Ferozepur on account of remuneration for question paper setting as mentioned above.							

It is also certified that undersigned will deposit the income tax on account of income received for the above said purpose.

Signature of Faculty member with date