

(Format)



Assam Higher Secondary Education Council Bamunimaidam, Guwahati-21

(A) STATEMENT OF PAYMENT RECORDS OF H.S. FINAL (PRACTICAL) EXAMINATION, 2019

Practical VenueH.S. School/College

Roll District Mobile No.

Sl. No.	Particulars	Date of Examination	Subject	No. of Candidate	Remuneration Paid	Total Amount
01	i) <u>External Examiners</u>					
	a)					
	b)					
	c)					
	d)					
TOTAL						
02	ii) <u>Internal Examiners</u>					
	a)					
	b)					
	c)					
	d)					
TOTAL						

(B) REMUNERATION BILL FOR LABORATORY STAFF ENGAGED FOR H.S. FINAL (PRACTICAL) EXAMINATION, 2019

Subject	Name of personnel with designation	No. of Shifts attendant	Rate per Shift Rs.	Total Remuneration Rs.
TOTAL				

Total Rs. (A+B):.....

Contd.....

**(C) Bill for reimbursement of laboratory expenditure for the
H.S. Final (Practical) Examination, 2019**

Subject	No. of candidates present	Rate per candidate	Amount Rs.
		Total Rs.	

Grand Total (A+B+C) Rs.:.....

Rupees.....) only.

Controller of Examination, AHSEC

I certified that the pre page and above mentioned expenditure/payment made for H.S. Final (Practical) Examination, 2019 and disburse the remuneration against each.(A+B+C)

Please reimburse the total amount (A+B+C) of Rs..... (Rupees) against the following A/C. No.

A/C No.

Bank Name

Branch Name

IFS Code

Date...../...../2019

Signature of the Principal
with Seal

Accounts Branch

Forwarded for release of payment

Controller of Examination, AHSEC

Checked and released Rs. (Rupees)

D. Asstt.(Accts.)

Supdt.(Accts.)

Dy. Secy. (F)

Secretary

Assam Higher Secondary Education Council Guwahati-21

Remuneration Bill for Laboratory Staff engaged for the H.S. Final (Practical) Examination, 2019

Practical Venue College/H.S. School

District.....Mobile. No.

Subject	Name of personnel with designation	Number of Shift attendance	Rate per shift Rs.	Total Remuneration Rs.
			Total Rs.	

(Rupees.....) only.

I certify that the above staffs were engaged in the H.S. Final Practical Examination, 2019 and I solemnly declare that I shall disburse the remuneration to them on receipt of the same from the Council.

Signature and Seal of the Principal

Date:.....

Bill for reimbursement of laboratory expenditure for the H.S. Final (Practical) Examination, 2019

Practical Venue College/H.S. School

P.O.....Dist.Pin Mob. No.

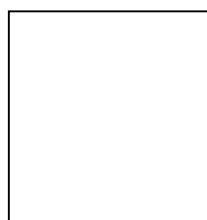
I certify that the following amount was spent towards laboratory expenses in connection with the H.S. Final (Practical) Examination, 2019.

Subject	Number of candidates present	Rate per candidate	Amount Rs.

TOTAL Rs. :

(Rupees.....) only.

Received payment



Signature and Seal of the Principal

Date:.....

Signature and Date

D/A

Supdt. (Accts)

Asstt. Secy(F)

Dy.Secy.(F)

Secretary