

SHRI G.S. INSTITUTE OF TECHNOLOGY & SCIENCE, INDORE

DEPARTMENT OF _____

Remuneration Bill for Lab. Attendant/Peon/Helpers for Practical Examination _____

Name of Staff Member: _____

Employee No.: _____

S. No.	Date of Exam	Sub Code	Time		No. of Students	Amount* In Rupees	Full Signature of Internal Examiner
			From	To			
GRAND TOTAL						Rs.	

*Rs.1.00/- per student with minimum Rs.40/- per day but not more than Rs.100/- per day.

CONTROLLER (EXAMS)

HEAD OF DEPARTMENT

DIRECTOR