



Parshvanath Charitable Trust's
A. P. SHAH INSTITUTE OF TECHNOLOGY
Survey No. 12,13, Opp. Hypercity Mall, Kasarvadavali, Ghodbunder Road, Thane (W)-400 615.
ON BEHALF OF UNIVERSITY OF MUMBAI

REMUNERATION FORM

Date.....

Name of Examiner (In Capitals) : _____

College Name : _____

Address for Communication : _____

Details of Remuneration Claim

(For Examination of FE, SE, TE & BE Conducted by the College on behalf of University of Mumbai)

Examination : Class FE / SE / TE / BE

Semester : I / II / III / IV / V / VI / VII / VIII

Scheme : CBSGS / CBCS

Branch : _____

Month & Year : _____

Subject : _____

Details of Claim

- | | | |
|---|--------------|-------------|
| 1. Examining _____ | Answer Books | : Rs. _____ |
| 2. Examining Term Work of _____ | Candidates | : Rs. _____ |
| 3. Conducting Practical & oral / project Examination of _____ | Candidates | : Rs. _____ |
| 4. Conducting only oral Examination of _____ | Candidates | : Rs. _____ |
| 5. Paper Moderation of _____ | Candidates | : Rs. _____ |
| 6. Exam Duty _____ | Candidates | : Rs. _____ |

Grand Total : Rs. _____

I here by acknowledge the receipt of the above amount.

(P.T.O.)

Signature of Examiner

(Of Revenue stamp If applicable)

For Office Use :

Certified that the Examiner actually carried out the work assigned to him / her & the total number of answer-books assessed / moderated, term work assessed / oral & practical assessed as claimed by him / her is varified and found to be correct. His / her claim of remuneration is recommended for payment.

Exam - Cell Clerk

Name & Signature of Exam - Cell Incharge

Remuneration Claim is passed for Rs. _____

Signature of Principal

The above amount has been

1) Paid by Cash Rs. _____ on Dated _____

2) Will be transferred to staff salary account.

Accountant