



NEHRU MEMORIAL COLLEGE

(Autonomous, Accredited with 'A' Grade by NAAC & Affiliated to Bharathidasan University, Tiruchirappalli)

Puthanampatti-621007, Tiruchirappalli- District

CLAIM BILL FOR REMUNERATION

Nature of work: **Practical Examinations of April/November 20**____

For the UG/PG /Diploma Programme: _____

Title of the Practical Course: _____ Code: _____

Date(s) of Practical Examination: _____ Total Number of Sessions: _____

Total number of Candidates Registered: _____; Total Number of Students attended: _____

S. No.	Name of the Staff	Nature of Duty	Rate/ Candidate (in Rs.)	Total (in Rs.)	Signature of the Staff
Grand Total					

Rupees in words: _____

Signature of the Examiners with their Office Address:	External Examiner	Internal Examiner

Your bank account details for Transfer of claim amount through **Account Transfer**

NAME of the Account Holder	SB A/C Number in Syndicate Bank, Puthanampatti	Mobile Number

Verified:	For COE Office Use only	Passed for Payment
Amount in Rs.		
		CONTROLLER OF EXAMINATIONS