



**ASSAM NURSES' MIDWIVES' & HEALTH VISITOR'S COUNCIL  
SIX MILE, KHANAPARA, GUWAHATI-22**

**REMUNERATION BILL FORM**

Name of Examiner : \_\_\_\_\_  
Designation : \_\_\_\_\_  
Address : \_\_\_\_\_  
Examination held on : \_\_\_\_\_

1. Name of the Institutions : \_\_\_\_\_  
i) \_\_\_\_\_  
ii) \_\_\_\_\_  
iii) \_\_\_\_\_

2. Name of the Examination Centre: \_\_\_\_\_  
i) \_\_\_\_\_  
ii) \_\_\_\_\_  
iii) \_\_\_\_\_

3. Number of students examine for : \_\_\_\_\_  
Oral and Practical

4. No. of Answer script evaluated : \_\_\_\_\_

5. No. of question paper set : \_\_\_\_\_

6. Date of journey (To) : on \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
(Return) : on \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

(To) : on \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
(Return) : on \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

(To) : on \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
(Return) : on \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

A. Travel Expenses : \_\_\_\_\_  
Mode of journey, by : \_\_\_\_\_ Rs. \_\_\_\_\_  
(Train/Bus Ticket must be submitted)

Others : \_\_\_\_\_ Rs. \_\_\_\_\_  
(B) D.A. @ Rs. \_\_\_\_\_ X No. of days \_\_\_\_\_ Rs. \_\_\_\_\_  
(Appear tour Diary must be enclosed herewith for settlement of Bill)

TOTAL BILL AMOUNT OF Rs. \_\_\_\_\_

Claimant Signature

**OFFICE USE ONLY**

1. Honorarium:

i. No. of student examine for  
Oral & Practical :- Honorarium Rs. \_\_\_\_\_.

ii. No. of Answer script evaluated :- Honorarium Rs. \_\_\_\_\_

iii. No. of Question Paper Set :- Honorarium Rs. \_\_\_\_\_

iv. Travel Expenses :- Rs. \_\_\_\_\_

v. DA @ Rs. \_\_\_\_\_ x No. of days \_\_\_\_\_ Rs. \_\_\_\_\_

vi. Others :- Rs. \_\_\_\_\_

Total Bill Amount = Rs. \_\_\_\_\_  
Less Rs. \_\_\_\_\_  
Advance Adjusted Rs. \_\_\_\_\_  
Net Payable Amount Rs. \_\_\_\_\_

Registrar

**MONEY RECEIPT**

Receipt with thanks from Registrar, Assam Nurses' Midwives' & Health Visitors' Council a sum of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_) as TA/DA/Honorarium.

Recipient Signature