



RAJIV GANDHI PROUDYOGIKI VISHWA VIDYALAYA

Poly Wing Bhopal.
Airport Bypass road ,Gandhinagar BHOPAL - 462033
Phone No.: (0755) 2583627/2583673,

REMUNERATION BILL

Name Of Incumbent.....

DesignationOffice.....

Postal Address..... Reg.No. Page No.

Remuneration charges for all Part time and Regular Diploma / Certificate course / Post Diploma Course Examination Conducted by R.G.P.V. Bhopal in the month of.....20..... -20..... as detailed below.

PAN. MOBILE NO.

Item	Remuneration for	Particulars	No.of Answer Books/Papers	Rate	Amount	Encl.No.
1.	Valuation Of Answer Books	Branch Subject/ Paper Code				
2.	Paper Setting					
3.	Checking of Answer Books					
4.	Revaluation					
5.	Retotaling					
6.	Observer					
7.	Flying Squad					
8.	Postal Charges					
9.	Any Other Work					
Verified and found correct item No.....Incharge			Total			
Net Amount Payable in words Rs.....			Staff Welfare Fund Deduct 5% of Total			
.....			Less Income Tax on Total			
.....			Net Amount Payable			
FOR USE OF OFFICES :-			FOR USE OF VALUAR:-			
REMUNERATION Rs.		Bank Name With Branch				
TA/Local Conv. Rs.		Claimant's Account No.				
Total Rs.		IFSC Code				

NOTE:-

1. If income tax is not deducted a certificate to the effect, that the claimant is not liable to pay income tax should be recorded on page no. 2 at Sr. no. 2 (c)
2. Please use separate sheets for providing details if the space is insufficient.
 - (a) Certified that the claim has been preferred for the first time in accordance with the accordance with the schedule of remuneration approved by R.G.P.V., Bhopal.
 - (b) Certified that only one type of work was executed at a given time slot by me, and there by I have claimed remuneration (as per R.G.P.V. norms) only for one type of activity during that time slot, of a working day.
 - (c) Certified that

Received payment on, Signature

Signature of Claimant with Date

For Use of Institution

2. (a) Certified that remuneration to the claimant being made (as per R.G.P.V. norms) only once for a given time of slot of any day.
- (b) Certified that above exam work has been done at this Institution, and then bill has been checked and found correct for dates and number of student, as well.
- (c) Certified that.....

Signature of Supdt. /Principal with Seal

For Use of Rajiv Gandhi Proudyogiki Vishwavidyalaya

3. Certified that the claimant has done the work assigned by the RGPV for which the bill has been preferred.

Passed for Payment of Rs. (In Word Rs.....)

.....
Officer Incharge (REMUNERATION)

□□□□



**RAJIV GANDHI PROUDYOGIKI VISHWAVIDYALAYA
BHOPAL**

BILL FOR PAYMENT OF CONVEYANCE ALLOWANCE

Name

Voucher No.

Date

Object of travelling

Car No.

Date

From to Rs. From

..... Total Claim Rs.

(I (Name) hereby certify that :

1. I have not received T.A./D.A. from any other sources for this travelling.
2. The claim has been preferred for the first time.
3. The claim is with limitation of Ordinance.

RECEIVED PAYMENT

Signature of Claimant

Signature of Claimant

Signature of Claimant

Certified that the claimant has attended the above work & that he has not been paid C.A. previously on this account. Payment verified for Rs. (Rupees only)

Passed for payment for Rs.

(Rs. Only)

Accountant
NC-01

Officer-in-charge

Paid by Cash Rs. (Rupees only)

Passed for payment of Rs. (Rs. only)

Under head

Accountant
RGPV

SO
RGPV

D.S.
RGPV

Secretary
RGPV



राजीव गांधी प्रौद्योगिकी विश्वविद्यालय, ए-4 कार्यालय परिसर गौतम नगर, भोपाल-462023

यात्रा भत्ता पत्रक माह -

20

-20

मुल्यांकनकर्ता का रजिस्टर नं०

पेज नं०

पेज नं०

नाम:

पदनाम/ब्रांच:

मोबा. नं०

आईएफसी कोड

स्थान पता

बैंक का नाम व ब्रांच

दावेदार का बैंक खाता क्रमांक:

निश्चित यात्रा भत्ता:

समकित दैनिक भत्ता:

भत्ते

मूलवेतन/ग्रेड पे:

प्रस्थान स्थान	यात्रा के व्यौर		आगमन		यात्रा का प्रायोजन	वह दर्जा जिसमें यात्रा की	किलो मीटर की संख्या	राशि	यात्रा अवधि		भत्ते		परिवहन न व्यय	होटल व्यय	प्रत्येक पत्रिका का योग	रिमा कर्	
	तारीख/समय	स्थान	तारीख/समय	स्थान					समय (घंटे)	समीकित दैनिक भत्ता	राशि	समय (घंटे)					समीकित दैनिक भत्ता
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18

स्थान: दिनांक:-

योग:-

घटईए यात्रा अभिमः-

शुद्ध यात्रा देयक:-

(शब्दों में राशि)

प्रमाण पत्र:

- भरे द्वारा उसी श्रेणी में यात्रा की गई है, जिस श्रेणी में कलेम किया गया है। पी एन आर नम्बर इस प्रकार है.....।
- भरे ने निशुल्क लाइसेंस/वॉटिंग सुविधा का उपयोग नहीं किया है / किया है।
- भरे ने मा. यात्रा नियम एवं यात्रा भत्तों से संबंधित शासनादेशों का पालना भ्रष्टि अव्ययन किया है व भरे द्वारा दावा किया गया यात्रा देयक प्रथम बार भ्रष्टित कर रखा है जो इसी अनुसार है।
- परिवहन व्यय/होटल व्यय, अन्य व्यय की मूल प्रति संलग्न है।
- उपरोक्त दी गयी जानकारी सही व सत्य है। यदि गलत पाये जाने पर इसके जिम्मेदार में रहूंगा।

शासकीय सेवक के हस्ताक्षर दिनांक सहित:-

कार्यालयीन उपयोग हेतु-

सत्यापित करने के उपरान्त देयक रु.

स्थान:

शब्दों में

का शुभान किया गया।

प्रयागी मुल्यांकनकर्ता के हस्ताक्षर

निश्चयन अधिकारी के हस्ताक्षर

सहायक प्रमुख के हस्ताक्षर



RAJIV GANDHI PROUDYOGIKI VISHWA VIDYALAYA

GANDHI NAGAR AIRPORT ROAD

BHOPAL-462036

(Bio Data of Teachers for valuation work)

1. NAME (In Capital letter)

2. Qualification Degree Year of Passing University

a. Graduate -----

b. Post Graduate -----

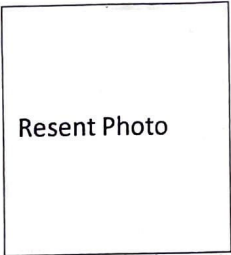
c. Ph.D -----

3. Name of Institution(Presently serving).....

4. Branch / Department

5. Mobile No. Email Id

6. If retired, year of Retirement with designation and name of Institution .



7. Job Positions held till date

	From (Month/Year)	To (Month/Year)	Nmae of institution	Designation
a.
b.
c.

8. Job Experience (No. of year)

Diploma..... UG PG Industry.....

9. Subject of Specialisation

S.no	Name of Subjects	Paper Code

Certificate

This is to certify that the information given above by me is true to the best of my knowledge. I also certify that none of my close relative has appeared in this examination for which I will be extending my services for valuation work of the university .

Place:

Signature with date

Date:

Forwarding note by Head of the institution / Director/ Principal

The above information given by Shri/Dr/Prof..... is true to the best of my knowledge and official college records.

Place:

Signature of Principal/Director with seal

Date:

Name & Mobile no.

.....