



INSTITUTE OF AERONAUTICAL ENGINEERING

(AUTONOMOUS)

DUNDIGAL – 500 043, HYDERABAD

EXAMINATION BRANCH

BILL FOR REMUNERATION TO EXAMINERS FOR EVALUATION OF ANSWER BOOKS

B. Tech / M.Tech / MBA _____ Semester Regular / Supplementary _____
(Month & Year)

Name of the Examiner (in block letters)	
Address	
Telephone / Mobile No	
Name of the examination	
Course	
Course Code	
No. of Answer Books examined	
Total Remuneration	
Total Remuneration in words	

Date:

Signature of Examiner

RECEIVED PAYMENT

Signature on One
Rupee Revenue
Stamp if
exceeding Rs.
1000/-

FOR OFFICE USE ONLY

The claim preferred in this bill has been verified and is found in order. The bill may be passed. Passed for Rs. _____ (Rupees _____ only).

Date:

CONTROLLER OF EXAMINATIONS