



INSTITUTE OF AERONAUTICAL ENGINEERING
(AUTONOMOUS)
DUNDIGAL – 500 043, HYDERABAD

EXAMINATION BRANCH

REMUNERATION TO FACULTY / STAFF FOR PRACTICAL EXAMINATION

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

Name of faculty / Staff :

Designation :

Address :

Name of department :

The remuneration is given as per chat & approved rates to the staff who worked in examination.

Date of Examination	No of shift / day	Rate per shift / day	Total shifts / day	Amount paid Rs

Date:

Signature of the Faculty / Staff

Place:

RECEIPT

Received Rs. (in words Rs
.....)

Receivers Signature
Name: