



INSTITUTE OF AERONAUTICAL ENGINEERING

(Autonomous)

Dundigal, Hyderabad – 500 043

EXAMINATION BRANCH

ACQUAINTANCE OF REMUNERATION FOR SUPPORTING STAFF

B.TECH / M.TECH / MBA ____ SEMESTER REGULAR / SUPPLY EXAMINATION ____ **20** ____

Name of the Laboratory:

Date(s) of Exam:

Branch:

No. of Batches:

Date & Time:

S. No.	Name of the Staff member	Designation	No. of Batches	Rate per batch Rs.	Total Amount Rs.	Signature
Total Amount						

Date:

Signature of HOD

OFFICE USE ONLY

Bill passed for Rs. _____ (Rupees _____)

_____ only) paid by cash / Cheque No. _____.

Date:

PRINCIPAL