

Rajasthan Para Medical Council, Jaipur

Remuneration Bill for the Practical Examination 201.... held at the Centre (Regular Candidates)

1. Name of the College/Centre

2. Name of Centre Principal/Head of Department

3. Bank Details of Centre (Bank name).....Branch

Account No.

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IFSC Code

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4. Mobile No.

E-Mail ID

Total No of Students			Total No of Batch	Lab Capacity	Lab charge per student	Total no of Assistant & Above	Total no of Class IV	Lab Staff Charge Assistant & Above	Lab Staff charge Class IV	Other Charge per Student	Total Rs.
Registered	Present	Total									
Total (in word)										Total	

Place: -

Date: -

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Signature and Seal
of Centre Principal/Head of Department

Rajasthan Para Medical Council, Jaipur

External Examiner Remuneration Bill for the Practical Examination 201.... held at the Center

1. Name of the College/Center
2. Name of External Examiner
3. Qualification of External Examiner
4. Practical Subject Name
5. Bank Details (Bank name) Branch
- Account No.

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- IFSC Code

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6. Mobile No. E-Mail ID

Total No of Students			Remuneration	Remuneration total
Registered	Present	Total	Rs.	Rupees
Total (in word)			Total	

Verification of Examination Centre Principal/ Head of Department

Name of Center	Date of Exam	Present Student No	Total No of Batch	Signature with seal of Center Principal/ Head of Department

Verification of External Examiner

I certified that Rajasthan Paramedical Practical Exam Answer book and marks counter foil submitted as per RPMC guideline.

Place: -

Date : -

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Name & Signature of External Examiner

