

INDIAN MARITIME UNIVERSITY EXAM & ACADEMIC SECTION

CLAIM BILL FOR EVALUATING OF ANSWER SCRIPTS

			EX	AMINATION	S	
1.	Examiner Na	ame and Desi	gnation	:		
2.	College Addr	ess		:		
3.	Residential A	ddress		:		
4.	Bank A/C No	. (preferable :	SBI) & IFSC Cod	de :		
5.	Distribution (of Answer Scr	ripts & Remune	eration Details	5:	
	Date	Course Code	Total No. of Scripts	Remn. Per script (Rs.)	Total Remuneration	Grand Total
•						
•						
•						
		7	Γotal Remune	ration		
	(Rupees in w	ords)

INDIAN MARITIME UNIVERSITY

(A Central University, Govt.of India)

CLAIM FORM FOR TRAVELLING ALLOWANCE & DAILY ALLOWANCE FOR THE FACULTY OF AFFILIATED INSTITUTES FOR ATTENDING EXAMINATION RELATED DUTIES

01.	Name of the Faculty									
02.	Designation									
03.	Nan	ne of the Affili	iated Insti	tute						
04.	Place of Visit & Name of the Campus/Institu									
a. Purpose of Visitb. No. of days for the tour as per IMU order.										
06. IMU's Appointment Order (Enclose copy of Appointment Order)					<u>uc</u>					
07.	07. Basic Pay of the Faculty									
08.	Deta	ails of Travel								
DEPARTURE ARRIVAL MODE C				MODE OF	JOURNEY			ACTUAL EXPENSES	TICKET NO. & OTHER DETAILS	
Station Date & Time		Date & Time	Station	Date & Time	AIR/ Rail / Road	Class of Journey		o. of res & ns.		
		(i) Tota	ı							
			Cla	ims				Subm Rs.	itted	Admitted Rs.
Trave	Fravel Fravel									
Accon	nmod	lation								
Food										
Local	Trans	port								
			To	tal						
								<u> </u>		

	Nature of	Expenses		Details		Amount
09.	Accommo	dation				
10.	Food					
11.	Local Tran	nsport				
	(ii)	TOTAL (SI. No.	09-11)			
		Grand To	tal (Total (i) + T	otal (ii))		
					Signa	ture of the Faculty
					Forw	varded by Principal
Regis	strar	FC) DI	FO	AR(F)	Assistant (Finance)

DECLARATION

EXPENDITURE INCURRED ON ACCOUNT OF FOOD BILLS DURING TOUR This is to certify that I, ______ (Name of the Official) was on official tour of _____ (Place of touring station) from _____ (commencement date of journey to _____ (concluding date of journey) (total_____ days and incurred expenditure on account of food bills amounting to Rs_____. I am enclosing bills for Rs._____ (i) (ii) It is also certified that I have not been issued with any receipt on account of payment made towards my food bills as the Hotel /Restaurant/Stall where I have taken meal / snacks / beverage had no receipt book with them. Date: Signature : _____ Name Designation: _____

Institute Name:-----

DECLARATION

EXPENDITURE INCURRED ON ACCOUNT OF LOCAL TRAVEL

This	is to certify that I,	(Name of the
Officia	al) was on official tour of	(Place of touring station)
from	(commencement dat	e of journey to (concluding
date	of journey) (total day	s and incurred expenditure on account of
my lo	cal transport amounting to Rs	
(i)	I am enclosing bills for Rs	
(ii)		ot been issued with any receipt with any made towards my transport bills as the ook.
<u>Date:</u>		
		Signature :
		Name :
		Designation:
		Institute Name:



INDIAN MARITIME UNIVERSITY, CHENNAI - 600 119.

Month/YYYY End Semester Examinations

Claim cum Receipt for conduct of Theory Examinations

Received a sum of	of Rs	(Rup	ees	
			_) for	day @
Rs	towards Re	muneration for	or attendi	ng Examination duty
From		To		relating to End
Semester Examir	nation as an	Chief Superir	ntendent/I	Hall Superintendent/
Clerical duties (T	ick wherever	r applicable).		
Date:				
		Signa	ature :	
		Name	e :	
		Desig	nation:	
		Institu	ıte Name:-	



INDIAN MARITIME UNIVERSITY, CHENNAI - 600 119.

<u>Claim cum Receipt for conduct of Practical Examinations held during</u> [MM,YYYY]

Received a sum	of Rs	(Rupees	
) for	day @
Rs	towards Rer	muneration for atter	ding Examination duty
From		To	relating to End
Semester Exami	nation as an I	External Examiner /:	Internal Examiner.
[Tick wherever	applicable]		
<u>Date:</u>			
		Signature :_	
		Name :_	
		Designation: _	
		Institute Name	9:



INDIAN MARITIME UNIVERSITY - EXAMINATION WING OFFICE OF THE CONTROLLER OF EXAMINATIONS

FORM-B7

Consolidated Statement of Accounts for Practical Examinations

Name of the Institution:

Sl. No	Name of Faculty	Date	No. of S as j	per	of St	al No. udents ended	No. of Subjects	Remn. Per student	<u>Internal</u> <u>Examiner</u> <u>Remn</u>	External Examiner Remn	Total
			FN	AN	FN	AN		student	<u>Kenn</u>	<u>KCIIII</u>	
	Total										

Date:

Place: Signature & Seal of the Institution

Note: Please furnish the details of all Internal Examiner particulars in this format



INDIAN MARITIME UNIVERSITY

EXAMINATIONS SECTION

CLAIM BILL FOR MANUAL EVALUATION OF ANSWER SCRIPTS

	EXAMINATIONS										
Examine	r Name and I	Designation		:							
College /	Address			:							
Resident	Residential Address :										
Bank A/0	C No. (prefera	able SBI) & IFS0	C Code	:							
Distribut	tion of Answe	er Scripts & Rei	muneration D	etails :							
Date	Course Code	Total No. of Scripts	Remn. Per script (Rs.)	Total Remuneration	Grand Total						
	Т	otal Remune	ration								
oos in wor	do										
	Bank A/o Distribut	Residential Address Bank A/C No. (preferation of Answer Date Course Code	Residential Address Bank A/C No. (preferable SBI) & IFSO Distribution of Answer Scripts & Rec Code Total No. of Scripts Total Remune	Residential Address Bank A/C No. (preferable SBI) & IFSC Code Distribution of Answer Scripts & Remuneration D Course Code Total No. of Scripts (Rs.) Total Remuneration	Residential Address : Bank A/C No. (preferable SBI) & IFSC Code : Distribution of Answer Scripts & Remuneration Details : Date						

Signature of the Zonal Co-Ordinator.

Signature of the Evaluator.

Note: This claim form shall be used only for Manual Evaluation.