

KERALA UNIVERSITY OF HEALTH SCIENCES, THRISSUR-680596

Consolidated statement of Expenditure incurred towards for the conduct of **PRACTICAL** examination

College CIN No.		Name of college							Name of Examination							
Bank A/C No		Bank IFS Code						Contact No.								
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Date	Time	No. of Candidates	Amount in (Rs.)													
			Chairperson	Expert Asst.	Lab Asst.	Nurse	clerk	Other staff	Internal Examiners	External Examiners	Total (4++11)	Contingency	Postage	HALT	TA	Total Amount (12+...+16)
TOTAL																
TOTAL - (A)																
Theory Paper valuation-Remuneration details																
(NB: Applicable only if Theory paper valuation is conducted along with practical examination at the examination centre itself)																
Date of valuation	Total No. of Answer scripts Evaluated	Internal Examiners (No. of Answer scripts evaluated)			Remuneration Paid to Internal Examiners (Rs.)		External Examiners (No. of Answer scripts evaluated)		Remuneration paid to External Examiners (Rs.)		Chairperson's Remuneration (Rs.)		Total			
(i)	(ii)	(iii)			(iv)		(v)		(vi)		(vii)		(viii)=(iv)+(vi)+(vii)			
TOTAL - (B)																
GRAND TOTAL - (A)+(B)																

CHAIRPERSON

Enclosures to be attached to this statement					
1) Forwarding Letter addressed to Finance Officer, KUHS	YES	NO	4) Original Postal bills	YES	NO
2) Acquittance of Remuneration	YES	NO	5) TA Bills of external examiners	YES	NO
3) Original Contingent bills	YES	NO	6) Remuneration bills(in case of theory paper valuation)	YES	NO
(NOTE: For any clarification you may contact Exam Finance(PRACTICAL) PH:0487-2207652)					
<p style="text-align: center;">Rs.....incurred towards the conduct of examination may please be adjusted against the advance of Rs..... Amount Claimed:.....Balance Refunded via DD:..... DD No. & Date:</p>					
Counter signed by the Principal/Head of Institution		(office seal)		CHAIRPERSON	
(For office use only)					
Remuneration Total					
Contingency Total					
TOTAL					
Advance Drawn Rs.					
Amount Claimed Rs.					
Amount Admitted Rs.					
Balance Refunded Rs.					
Balance to be Refunded Rs.					
Balance to be paid Rs.					
Verified by	Assistant	Internal Auditor	SO	AR	