



Date of Examination																											
Names of Invigilation staff, with Designation	Morning																										
	Evening																										
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	Evening																										

Certified that the persons mentioned above were actually engaged in assisting me during the days noted against the name of each individual and they worked to my entire satisfaction.

- N.B. 1) Claim of invigilators employed for the Practical Examination should not be included in this bill, but it should be submitted on the separate form prescribed for the purpose.  
 2) Attendance for the afternoon papers should be shown below the one marked for morning paper.  
 3) Attendance should be marked "P"

Superintendent

Address on which  
 correspondence  
 should be made

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**THE PUNJAB STATE BOARD OF TECHNICAL  
EDUCATION AND INDUSTRIAL TRAINING**

PLOT NO. 1-A, SEC. 36-A, CHANDIGARH PH : 2615385, 2622564-85 FAX : 2660734

**SITTING ARRANGEMENT PERFORMA**

Session: Month/Year

Examination Centre:

Date of Exam	Session (M/E)	Total No. of Students	Main Hall	Room No.1	Room No.2	Room No.3	Room No.4	Room No.5	Room No.6	Room No.7	Room No.8
(For example) 06-08-2018	Morning	250	70	40	45	25					
06-08-2018	Evening	250	70	40	45	25					

Verified By:

1. Supdt. (Examination)

2. Deputy Supdt. (Examination)

3. Principal/ Controller (Examination)



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PLOT NO. 1-A, SEC. 36-A, CHANDIGARH PH. : 2615385, 2622584-85 FAX : 2660734

**(Honarium Bill for Theory Examination)**

Session: Month/Year \_\_\_\_\_ / \_\_\_\_\_ Examination Centre: \_\_\_\_\_

Centre Code: \_\_\_\_\_

Sr. No.	Name & Designation	Duty performed in Exams	No. of Shifts	Rate (Per shift)	Amount
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

**Note:** Please mention No. of student/ trainee in the column of No. of shifts in case of payment of Principal/ Coordinator Examination.

Verified by:

Superintendent

Principal/ Controller Exam.

For office use only: -

Certificate: Recommended for payment of Rs. \_\_\_\_\_ against above bill,  
which is as per policy & norms of the Board.

Controller Examination (IT)  
PSBTE&IT

July 2018 onwards



**THE PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING**  
**BILL FORM FOR PRACTICAL EXAMINATION**

Tick (✓) which ever is relevant Examination:- NCVT/SCVT/ Other \_\_\_\_\_

<input type="checkbox"/> Internal Examiner	<input type="checkbox"/> External Examiner	Examination held in _____
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1. Name \_\_\_\_\_ 2. Designation \_\_\_\_\_

3. Grade Pay \_\_\_\_\_ 4. Institution/Department/Retiree \_\_\_\_\_

5. Address of Institute (in case of External Examiner) \_\_\_\_\_

6. Particulars of work done : From \_\_\_\_\_ To \_\_\_\_\_ No of days \_\_\_\_\_

**A) Honorarium**

S.N.	Date	Shift		Subject	Class	No. of Students	Rate	Amount
		M	E					
<b>Total Honorarium Amount</b>								

B) T.A. a) i) Bus/Rail Fare from \_\_\_\_\_ to \_\_\_\_\_ Rs. \_\_\_\_\_  
 from \_\_\_\_\_ to \_\_\_\_\_ Rs. \_\_\_\_\_  
 Rs. \_\_\_\_\_

ii) Local Conveyance (Strictly as per Punjab Govt. rules)

Mode of Journey	Kms.	Rate	Amount

Rs. \_\_\_\_\_

**Grand Total**

Rs. \_\_\_\_\_

**Signature of Claimant**

Verified by:

**Signature of Principal**  
(with stamp of institute where duty performed)

For office use only:

Bill passed for Rs. \_\_\_\_\_



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PLOT NO. 1-A, SEC. 36-A, CHANDIGARH PH. : 615385, 622584-85 FAX : 660734

**T.A. BILL FORM**

(Part-I)

Name ..... Designation .....

Address .....

Basic Pay Rs. .... Grade pay ..... Dearness Allowance (if any) Rs. ....

Purpose of Journey .....

(Part-II)

**ONWARD JOURNEY :**

From

To

i) Travelled .....

ii) Date .....

iii) Departure/Arrival Time .....

iv) Road milcage covered .....

v) Mode of travel(with class of accommodation Train/Bus) .....

vi) Actual Fare paid Rs. ....

**RETURN JOURNEY :**

From

To

i) Travelled .....

ii) Date .....

iii) Departure/Arrival Time .....

iv) Road milcage covered .....

v) Mode of travel(with class of accommodation Train/Bus) .....

vi) Actual Fare paid Rs. ....

Signature of the claimant with date

Received payment by Cheque

Passed for Rs. ....

No ..... Bank .....

Dt. .... /Cash

Accountant

Controlling Officer

Signature of the claimant

**Instructions :** Distance between your place of duty to Railway Station/Bus Stand+Distance between Railway Station to Board's Office.

Please indicate Tickets No. if you have travelled by Train by 1st Class. In case you have travelled by AC/ Deluxe/Super fast bus, please attach the tickets.