BOARD OF INTERMEDIATE AND SECONDARY EDUCATION KOHAT

BILL OF REMUNERATION/TA-DA FOR PRACTICAL EXAMINER

Exam Year: _____ ☐ SSC ☐ HSSC ☐ Annual-I ☐ Annual-II

Lab No: _____ Subject: _____ Identity No._____

Lab Name: _____

PRACTICAL EXAM CONDUCTED FROM DATE: _____ TO _____

Nature of Remuneration	No. of Days	Rate	Total (No. of Days x Rate)
DAILY REMUNERATION			Rs.

Rates: **SSC: Rs.1600/- Per Day** **HSSC: Rs.1800/- Per Day**

Certified that I have performed the duty according to the details & Claim indicated in this Bill.

Examiner's Particulars

Name: _____

Designation: _____

School/College: _____

Contact No. _____

NIC No. _____

Bank IBAN No. (24 characters) _____

Signature _____

FOR OFFICE USE ONLY

Bill Passed for Rs. _____

Rupees _____

_____

Assistant.	Supdt.	Audit Officer

CERTIFICATE

Certified that the bill is in proper order and all requirements are fulfilled.

Asstt. Bill	Asstt. Bill Supdt.	ACE (C)

SIGNATURE & SEAL OF OWN OR HEAD OF INSTITUTION