



OFFICE OF THE CONTROLLER OF EXAMINATIONS UNIVERSITY OF CHITRAL KPK

EXAMINATIONS REMUNERATION FORM

Name of Claimant: _____ Designation: _____
College/Institute: _____ BPS: _____ (attach last month pay slip)
Appointment Letter No. _____ Dated: _____
Center Name: _____ Center No. _____
Appointed by University as _____ and Worked _____ days.
Examination: _____ (A / S / Semester) Cell No. _____

Description	No. of days/Candidates	Remuneration/day(Candidate)	Amount (Rs.)
Supdt. /Dy.Supdt. /Asstt. Supdt.			
Resident Inspector/External Inspector			
Supporting Staff			
No. of Candidate (For Practical Examiner)			
Contingent Expenses (attach receipts)			
Others: _____			
Total			

Bill is presented for payment of Rs. _____ (Repees _____ only)

INFORMATION REQUIRED FOR PAYMENT PURPOSE

Claimant's Name	Account No.	Bank Name (Branch)	Bank Code No.

Signature of the Claimant

Signature of the Supdt. With Stamp

FOR OFFICE USE ONLY

Prepared by

Verified by

Recommended for further process

Bill Assistant

ACE/DCE

Controller of Examinations

Rate of Remuneration

S/No.	Description	Remuneration	Min./Max. Amount (Rs.)
01	Superintendent	Rs. 1500/working day	
02	Deputy Superintendent	Rs. 1200/working day	
03	Assistant Superintendent	Rs. 1000/working day	
04	Resident Inspector	Rs. 500/working day	Max. Rs. 5000
05	External Inspector	Local =Rs. 1500/- Nonlocal =Rs. 500+TA/DA	
06	Practical Examiner / Viva-Voce	Rs. 50/Candidate	Min. Rs. 1000/-
07	Supporting Staff	Rs. 250/working day	

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