



SHAHEED BHAGAT SINGH STATE TECHNICAL CAMPUS, FEROZEPUR

Bill form for Practical Examination (for Internal faculty & staff)

1. Session of Practical examination _____ Date of examination _____ Department _____
2. Course & Branch _____ Semester _____ Regular or Reappear _____
3. Total No. of candidates allotted _____ Subject name _____ Subject Code _____

Name of Examiner/ staff	Designation	Bank Account No.	IFSC Code	No. of students examined	Rate of remuneration	Total remuneration	Signature
TOTAL							

Signature of Examiner with date

Signature of Lab Incharge

Certified that persons named in the bill were actually engaged in conducting the practical examination during the days mentioned and he/she worked satisfactorily.

Signature of HOD