

BOARD OF INTERMEDIATE & SECONDARY EDUCATION, BAHAWALPUR

**Secondary School Certificate/ Intermediate & Fazil Arabic (Oral)
Annual/Supplementary (Practical Examination, 20____)**

Payment Bill Form

(For Examiners who have no Head - Examiner)

Important Instructions.

1. The Examiners must fill in all the blanks and the columns except columns 8,9 & 11.
2. To be submitted to the Office Superintendent (Secrecy) by Registered post within 7 days of the last date of Practical Examination.

Name of Centre: _____

Subject: _____ Papers/s: _____

Identity Number	Name & Address of Practical Examiner	Total Number of Candidates Examined	Date of Conduct of Practical Examination/s	Date of Despatch of Award - Lists.	Date of Despatch of Counterfoils.	Extension in time limit granted by the officer (Quote letter No. & Date)	Delay in Despatch of Award - List	Delay in Despatch of Counterfoils.	Date of Despatch of Payment Bill	Delay in Despatch of Payment Bill
1	2	3	4	5	6	7	8	9	10	11

Certified that the entries made above are correct.

Signature of Practical Examiners _____ Identity No. PS/PI _____

Dated _____ 20____

CONTROLLER OF EXAMINATIONS

Does budget provision exist or not? _____ Certified that the bill has been checked and found correct. _____ Dealing Clerk Asstt. Finance OSF. Pay Rs. _____ Cheque No. _____ Rupees _____ Dated _____ D.S.F. Secretary	Passed for payment of Rs. _____ Rupees _____ _____ D.S.F. Secretary	Passed for payment of Rs. _____ Rupees _____ _____ Asstt. Auditor Audit Officer
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BOARD OF INTERMEDIATE & SECONDARY EDUCATION, BAHAWALPUR.

(See Instructions Overleaf)

Bill of Assistant to Practical Examiners, Laboratory Assistants and Contingency for the
PRACTICAL INTERMEDIATE ANNUAL / SUPPLEMENTARY EXAMINATION 20____

Month: _____

From No. SE/A 36 _____

Budget Head _____

Date of Examination _____

Subject _____

Name of Laboratory Practical Centre Govt. _____ College _____

Voucher No. _____

A-Assistant to Practical Examiners
(Payment to be made to the Assistant Concerned)

Total No. of Students Examined _____

Name of Assistants/s to Practical Examiner/s with complete Address/es	Qualifications	No. of Candidates examined & date of exam		No. of Candidates examined & date of exam		No. of Candidates examined & date of exam		No. of Candidates examined & date of exam		No. of Candidates examined & date of exam		No. of Candidates examined & date of exam		No. of Candidates examined & date of exam		No. of Candidates examined & date of exam		Total No. of days put in by every Asstt.	Rate		Amount	
		M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E		Rs.	Ps.	Rs.	Ps.
1																						
2																						
Total No. of Candidates Examined																			Total Amount			

B- Laboratory Assistant and Contingency
(Payment to be made to the Head of Institution)

No. of Candidates Examined (Part I & II to be shown separately or Part I & II combined as the case may be)	Laboratory Assistant		Contingency				Total Amount		Advance Taken		Net Amount	
	Rate of Payment		Amount		Rate of Payment		Amount					
			Rs.	PS.			Rs.	PS.	Rs.	PS.	Rs.	PS.
	(1) First Batch											
	Per Candidate											

CERTIFICATE

I. Certified that the persons charged in part A of this bill were actually engaged in assisting the practical examiners during the day/s noted against the name of each and that they worked satisfactorily. it is further certified that the total number of candidates _____ examined, and no other bill in connection with the above examination has been signed.

Practical Examiner _____ Identity No. PI _____

In the subject of _____

Certified that the total No. of _____ candidates examined by examiners at above mentioned practical centre and no other, bill in connection with the above examination has been signed by me.

Countersigned
Signature of the
Concerned Principal (with stamp)

Institution Concerned
Instead of Head Examiner

FOR USE IN THE BOARD'S OFFICE

Passed for payment of Rupees

Rs. _____

ASF/DSF

Passed for payment of Rupees

Rs. _____

Auditor

Secretary

Audit Officer

INSTRUCTIONS

Only one bill form should be used for Practical Examination in a subject even if candidates who appeared in the examination in that subject are for different parts of intermediate examination viz; Part I and II or combined.

The number of candidates should, however be shown separately for these parts in the relevant columns. A number of bills received in respect of one subject will not be accepted.

PAYMENT FOR CHEMICAL USED BREAKAGE.

1)	Chemistry	Rs. 12/-	per candidate
2)	Physics	Rs. 6/-	-do-
3)	Biology	Rs. 12/-	-do-
4)	Nursing	Rs. 5/-	-do-
5)	Psychology	Rs. 5/-	-do-
6)	Geography	Rs. 5/-	-do-
7)	Health & Physical /		
	Library Science	Rs. 3/-	-do-

LABORATORY ASSISTANT

1)	Chemistry/Physics/Biology	Rs. 4/-	per candidate each subject
2)	Fine Art/ Psychology	Rs. 3/-	--do--
3)	O/L of Home Economics	Rs. 3/-	--do--
4)	Health and Physical Education	Rs. 3/-	--do--
5)	Nursing/Geography/Library Sc.	Rs. 3/-	--do--
6)	Assistant to Practical Examiner	Rs. 75/-	Per Day