



**NATIONAL INSTITUTE FOR EMPOWERMENT OF PERSONS WITH MULTIPLE DISABILITIES (NIEPMD)**  
 (DEPT. OF EMPOWERMENT OF PERSONS WITH DISABILITIES, (DIVYANGJAN) MSJ&E, GOVT OF INDIA)  
**NATIONAL BOARD OF EXAMINATION IN REHABILITATION (NBER)**  
 (An Adjunct Body of Rehabilitation Council of India, under Ministry of Social Justice and Empowerment)  
 ECR, Muttukadu, Kovalam Post, Chennai- 603 112, Tamil Nadu  
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**DEC 2020 EXAMINATION EVALUATORS CLAIM FORM**

Date of Evaluation from ..... to .....

1	Name	
2	Qualification	
3	Designation	
4	Address	
5	Contact Number	
6	PAN Number	AADHAAR No.:

**NEFT DETAILS (Bank passbook front page should be attached)**

Name of the Evaluator	
Name of the Bank & Branch	
Account Number	
IFSC Code	

**Signature of the Evaluator**

Signature of evaluation incharge  
 Name and designation:

**(For office use)**

No. of answer sheets evaluated (a)	Rate per answer sheet (b)	Amount (c) (a x b)	TA (applicable for outstation evaluators) (d)	Total (c+d)
	30/-			

(Rupees.....  
 .....)

Signature of the Accountant  
 NIEPMD-NBER

**For NBER use:**

A sum of Rs..... (Rupees .....only)  
 Paid to Shri / Smt .....  
 from ..... towards the  
 honorarium for evaluating the NIEPMD-NBER June 2020 Examination.

ADCE  
 NIEPMD-NBER