

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 Phone: 044-27472046, extn.420, 568,423 email: niepmd.examinations@gmail.com

REMUNERATION BILL FOR PRACTICAL EXAMINATION

Signature of the External Examiner : Name of the External Examiner : Mobile No. : Email ID : ACCOUNT DETAILS FOR PAYMENT Name of the Account Holder (External Examiner) Account Number Name of the Bank & Branch		REM	UNEKATI	JN BILL I	OR PRACTIC	AL EXAMII	NATION		
Remuneration for Practical Examinations S. Particulars Subject Examination Date No. of Days Day(s) I External Examiner Honorarium 2 TA (Enclose receipts / Bill) 3 DA 4 Accommodation (Enclose receipts / Bill) Rupees (in words): Signature of the External Examiner : Name of the External Examiner : Mobile No. : Email ID : ACCOUNT DETAILS FOR PAYMENT Name of the Bank & Branch			Centre Code:		Course(s)			I yr	II yr
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Name of the External Examiner : Mobile No. : Email ID : ACCOUNT DETAILS FOR PAYMENT Name of the Account Holder (External Examiner) Account Number Name of the Bank & Branch	Rupee	s (in words):							
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(External Examiner) Account Number Name of the Bank & Branch	Non	a of the Assembliald							
Name of the Bank & Branch									
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Bank passbook front page should be attached			Bank pa	ssbook fro	ont page should	l be attache	d		

- Remuneration bills will only be processed if it is received within fifteen days from the last date of the Practical examination.
- > Remuneration bills will only be processed if the <u>original bills / vouchers / receipts</u> etc. are provided.
- Please note that the total amount which is claimed for; should match with all bills.