



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, Email: niepmd.examinations@gmail.com

REMUNERATION BILL FOR INTERNAL EXAMINER FOR PRACTICAL EXAMINATION

Examination Month & Year &	Exam Centre Code 	Course(s)/...../.....
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NAME & ADDRESS OF THE EXAMINATION CENTRE

Blank space for Name & Address of the Examination Centre

REMUNERATION FOR PRACTICAL EXAMINATIONS

Sl. No.	Particulars	Subject Code	Examination Date		Remuneration	Amount
			From	To		
1	External Examiner Honorarium					
Total						

NEFT DETAILS (Please attached bank passbook copy)

Account Holder's Name / Institute Name	
Account No.	
Name of the Bank	
Name of the Branch	
IFSC Code	

Signature of the Course Coordinator
Mobile No.

Signature of the Internal Examiner
with Name

OFFICE USE

A Sum of Rs./- (Rupees only) is passed for payment to Shri/Smt. towards the honorarium for Internal Examiner for the November 2021 examination.

ACCOUNTANT
NIEPMD-NBER

ADCE
NIEPMD-NBER

Note: Please write "Honorarium Claim for Internal Examiner" on envelop and address it to Mr. M.Gunasekaran, Consultant, NIEPMD-NBER, Muttukkadu, Kovalam Post, Chennai - 603112. The Honorarium will be accepted through hardcopy only.



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REMUNERATION BILL FOR EXTERNAL EXAMINER FOR PRACTICAL EXAMINATION

Examination Month & Year &	Exam Centre Code	Course(s)	No. of Students

NAME & ADDRESS OF THE EXAMINATION CENTRE

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REMUNERATION FOR PRACTICAL EXAMINATIONS

Sl. No.	Particulars	Subject Code	Examination Date		No. of Days	Remuneration x Day(s)	Total
			From	To			
1	External Examiner Honorarium						
2	Travelling Allowance (Must Enclose Original Bills)						
3	Dearness Allowance						
Total							

NEFT DETAILS (Please attached bank passbook copy)

Name of the Expert / Institute	
Account No.	
Name of the Bank	
Name of the Branch	
IFSC Code	

Signature of the Course Coordinator
Mobile No.

Signature of the External Examiner
with Name

OFFICE USE

A Sum of Rs./- (Rupees only) is passed for payment to Shri/Smt. towards the honorarium for External Examiner for the November 2021 examination.

ACCOUNTANT
NIEPMD-NBER

ADCE
NIEPMD-NBER

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