



शासकीय तंत्रनिकेतन, औरंगाबाद.
Government Polytechnic, Aurangabad.
(An Autonomous Institute of Govt. of Maharashtra)
Osmanpura, Aurangabad - 431 005

Phone: (Office) (0240) 2334724 / 2360781 / (A.O.) 2345936, (P) 2353644 Fax : 2353644

website: www.gpabad.ac.in

E-mail: gpaur@rediffmail.com

GPA/PR-OR/Appoint/20 /W/S

Date :

To,

**Subject : Appointment as Internal / External Examiner for Practical / Oral Examination
to be held in Nov-Dec. 20 May-June 20 .**

Sir/Madam

I have pleasure in inviting you to work as Internal / External Examiner in examination of Practical / Oral of following courses for the examination to be conducted by this institute during the month of Nov-Dec 20 / May-June 20 .

The date and time of the examination is as follows :

DEPARTMENT :

| Sr. No. | Date | Time | Course | Course Code |
|---------|------|------|--------|-------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |

1. I have to request the favour of an early intimation of your acceptance provided you to not come under any of the disqualification mentioned below or otherwise.
2. Please note that prior permission from Head of your institutes / office will have to be obtained by you before proceeding for the work.
3. Your confirmation for date should be confirmed to concerned Head of the Dept. otherwise alternative arrangement will be made and you will not have any claims for the work.
4. Any changes in address should be communicated to the Examination Cell.
5. You are requested to report 10 min. before scheduled time of examination to concern Head of the Department.

Yours Faithfully,

**Controller of Examinations,
Govt. Polytechnic, Aurangabad.**

Disqualification of Examiner: A person shall be disqualified for being appointed as examiner.

1. If He / She or a near relative of his/her is appearing for the relevant examination being conducted by this institute.
2. If He / She has been disqualification for appointment as External by any statutory body, university or examination board. N. B. The term relative includes the following :
Wife, Husband, Son, Daughter, Grandson, Grand Daughter, Brother, Sister, Nephew, Niece Grand Nephew, Grand Niece, Uncle, Aunt, First Cousin, Son-in-law, Daughter in law.



शासकीय तंत्रनिकेतन, औरंगाबाद.

GOVERNMENT POLYTECHNIC, AURANGABAD

(An Autonomous Institute of Govt. of Maharashtra)

BILL OF EXAMINATION WORK (ORAL / PRACTICAL)

For remuneration engaged in Oral/ Practical Examination for May-June/Nov. Dec. _____ Exam.

| | |
|---|---|
| Internal Examiner: Mobile No. : _____ I _____ have taken Oral/Practical Examination for the course(s) mentioned below as per appointment order given by Head of Dept. / Controller of Examination / Principal as per the following details. | External Examiner: Mobile No. : _____ I _____ have taken Oral/Practical Examination for the course(s) mentioned below as per appointment order given by Head of Dept. / Controller of Examination / Principal as per the following details. |
|---|---|

| Sr. No. | Date of Exam | Time of Exam | No. of Batch(s) | Course Title | Course Code | No. of Candidates | Rate | Amount to be paid to each Examiner |
|--|--------------|--------------|-----------------|--------------|-------------|-------------------|-----------|------------------------------------|
| | | | | | | | | |
| | | | | | | | | |
| In words Rs. _____ only to each Examiner | | | | | | | Total Rs. | |

* Oral/Practical Examination of Remuneration:

* Rs. 8/- per candidate/Examiner for 1st 2nd and 3rd Level Courses. Minimum Rs. 200/-

* Rs. 10/- per candidate/Examiner for 4th and 5th Level Courses. Minimum Rs. 200/-

Certified that I have not claimed the bill for above Oral/ Practical work earlier and I will pay the excess amount if found. You are requested to pass the bill Rs. _____ /- payable to me.

Sign. of Internal Examiner

Certified that I have not claimed the bill for above Oral/ Practical work earlier and I will pay the excess amount if found. You are requested to pass the bill Rs. _____ /- payable to me.

Sign. of External Examiner

CERTIFICATE FROM HEAD OF THE DEPARTMENT

Certified that Shri. _____ (Internal Examiner) and Shri. _____ (External Examiner) have carried out above Examination work as per the standard examination norms. As per our record above information is correct. The amount claimed Rs. _____ (In words Rs. _____) by each examiner is correct and they have not claimed it earlier. Therefore recommended for Pass for payment of Rs. _____ /- (in words Rs. _____) (Total Amount)

Sign of HOD

Pass for payment Rs. _____ /- (in words Rs. _____) and distribute equally as claimed by internal and external Examiner.

Controller of Examinations

Principal

RECEIPT

| | |
|---|---|
| Received Rs. _____ /- (in words Rs. _____) | Received Rs. _____ /- (in words Rs. _____) |
| Bank A/c No. : | Bank A/c No. : |
| IFSC Code : | IFSC Code : |
| Name of Bank : | Name of Bank : |
| Sign. of Internal Examiner: | Sign. of External Examiner : |



शासकीय तंत्रनिकेतन, औरंगाबाद.
GOVERNMENT POLYTECHNIC, AURANGABAD
(An Autonomous Institute of Govt. of Maharashtra)
OSMANPURA, AURANGABAD - 431 005

Phone : (Office) (0240) 2334724 / 2360781, (A.O) 2345936, (P) 2353644, Fax : 2353644
Web : www.gpabad.ac.in E-mail : gpaur@rediffmail.com

DATE:-

**CERTIFICATE FROM HEAD OF DEPARTMENT / OFFICER INCHARGE FOR
LOCAL CONVEYANCE ALLOWANCE (@Rs. 50 / DAY) TO EXTERNAL EXAMINER
FOR ORAL / PRACTICAL/ ASSESSMENT OF ANSWER BOOKS FOR
THE EXAMINATION HELD IN APRIL-MAY- 20 / NOVEMBER-DECEMBER - 20**

This is to certify that Shri. / Smt. _____
from (Name of Institute) _____
have carried out examination work as External Examiner for Oral / Practical / Assessment of answer books as per the
standards examination norms.

| Sr. No. | Date(s) of Examination Work | Name of Department | Course Code(s) & Title | No. Candidates Appeared / No. of Answer books Assessed |
|---------|-----------------------------|--------------------|------------------------|--|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |

As per record above information is correct and I have certified above work. The amount claimed Rs. / - (In Wordsonly.) for LOCAL CONVEYANCE ALLOWANCE by External Examiner is correct and he have not claimed it earlier. Therefore recommended for pass for payment Rs. / - (In Words)

Sign of Head of Dept. / Officer Incharge

Passed for payment Rs..... / - (In Words)

Controller of Examination
Govt. Polytechnic, Aurangabad.

Principal
Govt. Polytechnic, Aurangabad.



शासकीय तंत्रनिकेतन, औरंगाबाद.
Government Polytechnic, Aurangabad.
 (An Autonomous Institute of Govt. of Maharashtra)
 Osmanpura, Aurangabad - 431 005

TRAVELLING ALLOWANCE & DAILY ALLOWANCE BILL

| | | |
|----------|-------------|----------------------|
| Bill No. | Voucher No. | Month : Nov.-Dec. 20 |
| Date : | Date : | May-June 20 |

Name : _____ Desig. : _____ Basic Pay : _____

Address : _____

Office order No. & Date : _____

Reason for Travel : _____

| Details of Travel & Stay | | | | | | Mode of travel Bus/ Rail / Private Vehicle / Taxi / Scooter Etc. | Total Distance in K.M. | Ticket No. if traveled by 1 st Class / AC / Place / Taxi etc. | Fare in (Rs.) |
|--------------------------|-------|----------------|---------|-------|--------------|--|---------------------------|---|---------------|
| Departure | | | Arrival | | | | | | |
| Date | Place | Departure Time | Date | Place | Arrival Time | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Daily Allowance for Period of stay @ Rs. for Days

Daily Allowance for Traveling Period of Stay @ Rs. for Days

Total : (in words) Rs.

Name of Bank :

A/c. No. :

IFSC Code :

Certified that : 1] I have not taken any advance from this institute.
 2] I have not claimed the Bill from other organization or not claimed the bill earlier to this institute.
 3] All the claims shown are correct to the best of my knowledge.
 4] I have travelled by shortest route.

Signature of Applicant

Passed for Payment & Cashier to Pay Rs.

(In words Rs.)

| | | | | |
|-------|-------------------------------|---------------------------------------|-----------|-------------------------------------|
| | | | | Received by Cash / Cheque / NEFT |
| Clerk | Controller of Examinations | Registrar / Administrative Officer | Principal | Revenue stamp & Applicant Sign. |



Government Polytechnic, Aurangabad

(An Autonomous Institute of Govt. of Maharashtra)

No. GPA/Exam/ Summer-Winter – 20 /20 /
Date :

DUTY- CERTIFICATE

This is to certify that Shri. / Smt. _____
lecturer in _____ of (Name of Institute) _____
has worked as _____
for Summer / Winter – 20 _____ examination of in this institute from _____
to _____.
He is relieved on _____.

Principal
Government Polytechnic, Aurangabad.



Government Polytechnic, Aurangabad

(An Autonomous Institute of Govt. of Maharashtra)

No. GPA/Exam/ Summer-Winter – 20 /20 /
Date :

DUTY- CERTIFICATE

This is to certify that Shri. / Smt. _____
lecturer in _____ of (Name of Institute) _____
has worked as _____
for Summer / Winter – 20 _____ examination of in this institute from _____
to _____.
He is relieved on _____.

Principal
Government Polytechnic, Aurangabad.