



**Claim Form-cum-Voucher for Payment to Personnel
engaged for the conduct of BCC online Examination
(to be submitted by the Examination Superintendent)**

1. Date(s) of Exam : _____
2. Name of the Examination Centre : _____
3. Name of the Examination Superintendent : _____
4. Candidates appeared/ Total candidates: _____ nos./ _____nos.
5. Candidates absent: _____ nos.
6. Claim in respect of staff deployed by ES: _____
7. Exam Centre Code:.....

Sl. No	Name of the Personnel	Honorarium/ Day (in ₹)	(No of Days)	Conveyance claimed (₹)	Total amount Claimed including conveyance (in ₹)	Signature With date
1	**Technical Coordinator	500				
2	Examination Superintendent (ES)	750				
GRAND TOTAL						

1 **Claim in respect of Technical Coordinator

- (a) Honorarium for actual days of examination : _____
(@₹500/- per day or part thereof)
- (b) Conveyance Expenses :
- Travel mode : Own Car/ Taxi / Train / Bus
(tick as applicable)
- Distance between residence
And exam centre in kilometers : _____
- Total Number of visits made to
and fro between place of
residence & exam centre : _____
- Conveyance claimed : _____

(As per actuals or @ ₹8/- per km. for the distance traveled within the station restricted to ₹100/- per day, whichever is less)

- (c) **Total amount claimed** : _____
On account of 1 (a+b)

2 Claim in respect of Examination Superintendent.

(a) Honorarium for actual days of examination & trial, if applicable : _____
(@₹750/- per day or part thereof)

(b) Conveyance Expenses :

Travel mode : Own Car/ Taxi / Train / Bus
(tick as applicable)

Distance between residence
And exam centre in kilometers : _____

Total Number of visits made to
and fro between place of
residence & exam centre : _____

Conveyance claimed : _____

(As per actuals or @ ₹8/- per km. for the distance traveled within the station restricted to ₹100/- per day, whichever is less)

(c) Total amount claimed : _____
On account of 2 (a+b)

Certified that I have verified the information furnished above are true to the best of my knowledge & belief

Date: _____

Name & Signature of the Examination Superintendent

Cheque to be issued in Favour of: _____
Cheque to be Send to : _____
(Postal Address - _____
Write Legibly in Capital _____
Letters only) _____
PIN _____

**** To be deployed against the prior approval from NIELIT, Calicut.**

N.B: 1. Payment for honorarium in the form of DD/ Cheque will be made in the name of the Examination Superintendent to be disbursed further to the staff deployed by him.

2. Duly filled claim form should reach NIELIT Calicut, within 7 days after the completion of the Exam.

Office Use _____

Verified & Recommended for payment

BCC Coordinator _____ **Section In Charge**

Passed for Payment of ₹..... Only

FO

DD

JD

Director