

Claim Form –cum-Voucher for Payment to Examination Superintendent (ES) engaged for the Conduct of CCC On-line Examination

1.	Exam Mo	onth & Year:						
2.	Actual Date(s) of Visit to Exam Centre(s):							
3.	Name of Examination Centre(s) with Code:							
4.	Name of	ES:						
5.	Grade Pa	y:₹	Pay Band : ₹					
6.	Claim in r	respect of ES						
(۱).	In case of	ES from same Station of Exam	n Centre					
(11).	(@ I Total an In case o a) Hond exai b) Trav	rium for actual days of examines.3000/- per day or @ Rs.150 nount Claimed On account of 6 of ES from Outstation orarium for actual days of mination wel Expenses to the outstation wel mode s by which travelled in case of	per Half day of Examination) : ₹ (@ Rs.3000/- per day or @ Rs.1500/- per Half day of Examination)					
	train) /bus						
	Dista	ance to outstation in kms	:					
		et number e (to & fro)	: : ₹					
	No.	ernight stay: of days of overnight stay ny, with dates)	: :					
	Distr outs & m Num betv cent	ance between place of stay at station & exam centre in kms node of travel nber of visits made to & froween place of stay and exam	ne exam centre within the station: : : : ₹					

e) f)	Any other expenditure Total amount claimed on account of 6(II) (a+b+c+d+e)	:	₹					
(Note: The Outstation Expert deployed as ES will be paid TA/DA as per prevailing rules of GOVT. of India in addition to honorarium applicable. Kindly enclose supporting bill / invoices in respect of your claim.)								

7. Total Amount claimed :
On account of 6(I) -(In station)
OR 6(II f)- (outstation)

₹ _____

Signature of the ES

