



**INDIAN MARITIME UNIVERSITY**  
**EXAM & ACADEMIC SECTION**

**CLAIM BILL FOR EVALUATING OF ANSWER SCRIPTS**

----- EXAMINATIONS

1. Examiner Name and Designation :
2. College Address :
  
3. Residential Address :
  
4. Bank A/C No. (preferable SBI) & IFSC Code :
5. Distribution of Answer Scripts & Remuneration Details:

<b>Date</b>	<b>Course Code</b>	<b>Total No. of Scripts</b>	<b>Remn. Per script (Rs.)</b>	<b>Total Remuneration</b>	<b>Grand Total</b>
<b>Total Remuneration</b>					

(Rupees in words \_\_\_\_\_)

**Signature of the Co-ordinator**

**Signature of the Evaluator**

# INDIAN MARITIME UNIVERSITY

(A Central University, Govt. of India)

## CLAIM FORM FOR TRAVELLING ALLOWANCE & DAILY ALLOWANCE FOR THE FACULTY OF AFFILIATED INSTITUTES FOR ATTENDING EXAMINATION RELATED DUTIES

01.	Name of the Faculty	
02.	Designation	
03.	Name of the Affiliated Institute	
04.	Place of Visit & Name of the Campus/Institute	
05.	a. Purpose of Visit b. No. of days for the tour as per IMU order.	
06.	IMU's Appointment Order (Enclose copy of Appointment Order)	
07.	Basic Pay of the Faculty	
08.	Details of Travel	

DEPARTURE		ARRIVAL		MODE OF JOURNEY			ACTUAL EXPENSES	TICKET NO. & OTHER DETAILS
Station	Date & Time	Station	Date & Time	AIR/ Rail / Road	Class of Journey	No. of Fares & Kms.		
(i) Total								

Claims	Submitted Rs.	Admitted Rs.
Travel		
Accommodation		
Food		
Local Transport		
<b>Total</b>		

Nature of Expenses		Details	Amount
09.	Accommodation		
10.	Food		
11.	Local Transport		
(ii) TOTAL (Sl. No. 09-11)			
<b>Grand Total (Total (i) + Total (ii))</b>			
<i>Signature of the Faculty</i>			
<i>Forwarded by Principal</i>			
Registrar	FO	DFO	AR(F) Assistant (Finance)

**DECLARATION**

**EXPENDITURE INCURRED ON ACCOUNT OF FOOD BILLS DURING TOUR**

This is to certify that I, \_\_\_\_\_ (Name of the Official) was on official tour of \_\_\_\_\_ (Place of touring station) from \_\_\_\_\_ (commencement date of journey to \_\_\_\_\_ (concluding date of journey) (total \_\_\_\_\_ days and incurred expenditure on account of food bills amounting to Rs \_\_\_\_\_.

- (i) I am enclosing bills for Rs. \_\_\_\_\_
- (ii) It is also certified that I have not been issued with any receipt on account of payment made towards my food bills as the Hotel /Restaurant/Stall where I have taken meal / snacks / beverage had no receipt book with them.

Date:

Signature : \_\_\_\_\_

Name : \_\_\_\_\_

Designation: \_\_\_\_\_

Institute Name:-----

**DECLARATION**

**EXPENDITURE INCURRED ON ACCOUNT OF LOCAL TRAVEL**

This is to certify that I, \_\_\_\_\_ (Name of the Official) was on official tour of \_\_\_\_\_ (Place of touring station) from \_\_\_\_\_ (commencement date of journey to \_\_\_\_\_ (concluding date of journey) (total \_\_\_\_\_ days and incurred expenditure on account of my local transport amounting to Rs \_\_\_\_\_.

- (i) I am enclosing bills for Rs. \_\_\_\_\_
- (ii) It is also certified that I have not been issued with any receipt with any receipt on account of payment made towards my transport bills as the Vehicle operator had no receipt book.

Date:

Signature : \_\_\_\_\_

Name : \_\_\_\_\_

Designation: \_\_\_\_\_

Institute Name:-----



**INDIAN MARITIME UNIVERSITY, CHENNAI - 600 119.**

**Month/YYYY End Semester Examinations**

**Claim cum Receipt for conduct of Theory Examinations**

Received a sum of Rs. \_\_\_\_\_ (Rupees  
\_\_\_\_\_ ) for \_\_\_\_\_ day @  
Rs. \_\_\_\_\_ towards Remuneration for attending Examination duty  
From \_\_\_\_\_ To \_\_\_\_\_ relating to End  
Semester Examination as an Chief Superintendent/Hall Superintendent/  
Clerical duties (Tick wherever applicable).

Date:

Signature : \_\_\_\_\_

Name : \_\_\_\_\_

Designation: \_\_\_\_\_

Institute Name:-----



**INDIAN MARITIME UNIVERSITY, CHENNAI - 600 119.**

**Claim cum Receipt for conduct of Practical Examinations held during**  
**[MM,YYYY]**

Received a sum of Rs. \_\_\_\_\_ (Rupees

\_\_\_\_\_ ) for \_\_\_\_\_ day @

Rs. \_\_\_\_\_ towards Remuneration for attending Examination duty

From \_\_\_\_\_ To \_\_\_\_\_ relating to End

Semester Examination as an External Examiner /Internal Examiner.

[Tick wherever applicable]

Date:

Signature : \_\_\_\_\_

Name : \_\_\_\_\_

Designation: \_\_\_\_\_

Institute Name:-----







**INDIAN MARITIME UNIVERSITY**  
**EXAMINATIONS SECTION**

**CLAIM BILL FOR MANUAL EVALUATION OF ANSWER SCRIPTS**

----- EXAMINATIONS

1. Examiner Name and Designation :
2. College Address :
3. Residential Address :
4. Bank A/C No. (preferable SBI) & IFSC Code :
5. Distribution of Answer Scripts & Remuneration Details :

Date	Course Code	Total No. of Scripts	Remn. Per script (Rs.)	Total Remuneration	Grand Total
<b>Total Remuneration</b>					

(Rupees in words \_\_\_\_\_)

**Signature of the Zonal Co-Ordinator.**

**Signature of the Evaluator.**

**Note: This claim form shall be used only for Manual Evaluation.**