



TELANGANA STATE BOARD OF INTERMEDIATE EDUCATION
CONTINGENT BILL FORM FOR INTERMEDIATE PUBLIC EXAMINATIONS
THEORY/PRACTICALS

Dist Code.....

Col. Code.....

Detailed bill of expenditure incurred on account of the Intermediate Public examinations (Theory / Practical) held at _____ College _____ in the month of _____ 2017.

Total No. of Candidates Present : Theory.....

Practical.....

A. REMUNERATION	No. of Personnel as Per scale	No. of Days / Sessions	Rate of Remuneration	Amount in (Rs. Ps.)
1. Chief Superintendent				
2. Addl. Chief Superintendent(if any)				
3. Asst. Supdt.				
4. Departmental Officer				
5. Observer				
6. Practical Examiners				
7. Clerk				
8. Attender				
9. Waterman				
10. Sweepers				
11. Skilled Assistant				
12. Museum Keeper				
Store Keeper				
Gas Mechanic				
Herbarium Keeper				
13. Lab Attender				
14. Others if any(specify)				
(A) TOTAL:				
B. T.A & D.A/CONVEYANCE CHARGES: (Departmental Officer/Practical Examiners/Observer). Attach separate sheet duly indicating subject wise practical examiners for both General & Vocational.				
(B) TOTAL:				
C. (1) CONTINGENCIES(THEORY) @ Rs.10/- PER CANDIDATE No.of candidates() * Rs.10/-				
(2) PRACTICAL EXAM. CHARGES (MATERIAL)- (GENL/VOCL) Botany @ Rs. 2-00 per Candidate -*()No. of Candidates Zoology @ Rs. 4-00 per Candidate -*()No. of Candidates Physics @ Rs. 2-00 per Candidate -*()No. of Candidates Chemistry@ Rs.6-00 per Candidate - *()No. of Candidates Others (specify)				
(3) VOCATIONAL PRACTICAL CHARGES @ Rs.20/- -*()No. of Candidates				
Supported by Copies of time table and batches & No. of Students.				(C) TOTAL:
GRAND TOTAL(A+B+C):				

ABSTRACT

Amount of Advance Received	Rs. _____
Total expenditure incurred (A+B+C)	Rs. _____
Balance amount to be paid to the Centre	Rs. _____
Refundable amount if any to the TSB.I.E.	Rs. _____

CERTIFICATE

I CERTIFY that all charges entered in this bill have been paid as rules and vouchers for all expenditure and all work bills are attached to the bill.

I have enclosed all vouchers for the sums, and am responsible for any excess payments. Such amounts will be refunded to **Telangana State Board of Intermediate Education** whenever ordered for.

I further CERTIFY that the expenditure incurred in this bill is true and correct.

Station: _____

Dated: _____

Signature of the Chief Superintendent(with seal)

NAME:

DESIGNATION:

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(FOR OFFICE USE)

Bill passed for Rs. _____ Rupees: _____)
Rs. _____ (Rupees: _____) adjusted towards advance paid.
An amount of Rs. _____ is due to the T S B.I.E., Hyderabad.

OR

An amount of Rs. _____ is due to Chief Superintendent.

J.A/S.A

SUPDT.

DEPUTY SECRETARY(ACCOUNTS)

TS. Board of Intermediate Education

Hyderabad

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- N.B:**
- 1) Bill should be sent **IN DUPLICATE** immediately on conclusion of the examination.
 - a) Contingent bills shall be submitted for settlement within 15 days from the date of last examination in that center, failing which a penal cut of 20% will be imposed.
 - b) Claims for settlement of Contingent bills will not be accepted after 31st October.
 - 2) Acquittances and vouchers in original shall be enclosed.
 - 3) Refund shall be made through Demand Draft only.
 - 4) Remittances towards sale proceeds if any shall be sent through Demand Draft only along with this bil.
 - 5) Erasers should be avoided.
 - 6) All corrections should be **IN RED INK** duly attested by the Chief Superintendent.
 - 7) If no advance is received , the words “**NO ADVANCE WAS RECEIVED**” should be written.