

STATEMENT OF REMUNERATION

(TO BE COMPLETD AND FORWARDED TO SHRI VED PRAKASH, CONTROLLER OF EXAMINATION,  
AGRICULTURAL RECRUITMENT BOARD BY NAME AND NOT BY DESIGNATION)

Name of the Examiner \_\_\_\_\_

Address :

\_\_\_\_\_

Discipline \_\_\_\_\_

Paper \_\_\_\_\_

Paper Setting/Moderation/Evaluation/Hindi Typing/Translating Rs. \_\_\_\_\_

No. of Scripts evaluated \_\_\_\_\_

Evaluation charges \_\_\_\_\_

No. of Discipline translated \_\_\_\_\_ Amount 5000/- X \_\_\_\_\_ Rs. 5000/-

Expenses incurred on postage/Insurance

<u>Registration No.</u>	<u>Date</u>	<u>Amount</u>
1. _____	_____	Rs. _____
2. _____	_____	Rs. _____
3. _____	_____	Rs. _____

TOTAL Rs. 5000/-

TOTAL AMOUNT CLAIMED Rs. 5000/-

**SIGNATURE** \_\_\_\_\_