

FORWARDING MEMO FOR PRACTICAL AWARD LIST

The memo must be filled in by the Examiner for Practical examination and forwarded along with their award lists, within two days otherwise no payment shall be made.

Name of School.....

Centre of Examination

Name of Examination : Matric / 10+2 held in March/Sept. 2020.....

Subject..... Practical.....

Date on which Award list submitted to the

..... Date : 2020..

No. of candidates examined.....

Roll Nos. of candidates actually examined by the examiner :

.....
.....
.....

Roll No. of ABSENTEES :

.....
.....

Total No. of Answer books used

I also certify that the candidates who were absent have been shown against the Roll Nos. on the attached award lists/ signature charts.

(Full Signature of Examiner)

Name :

Address :

.....

Contact No.

(Mandatory)

Countersigned by Principal / Headmaster
with School Stamp

Dated :

H.P. BOARD OF SCHOOL EDUCATION, DHARMSHALA-176213
Matriculation/+2 Practical Examination _____ 20__

EXAMINER INFORMATION-CUM-BILL FORM

(Seperate bill form be used for each class)

Name of School _____

(IN CAPITAL LETTERS) School Code _____ Distt. _____

PIN _____

Telephone No. : _____

S No.	Name of Practical Subject	Name of Practical Examiner	No. of examinees actually examined	Amount	Signature of Examiner	Bank Name A/c No IFSC Code
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

Matric Examination - Rs. 2.50 per candidate, minimum Rs. 30/-
 10+2 Examination - Rs. 3.00 per candidate, minimum Rs. 40/-

Certified that the above staff has actually conducted the practical examination and number of candidates shown above have actually examined by them.

 Principal/Headmaster
 (Signature with stamp)

NB : This form must be sent to Board office after the termination of practical examination duly filled in all respects, signed by the Examiner/s & countersigned by the head of Institute with school stamp alongwith signature charts of candidates.

H.P. BOARD OF SCHOOL EDUCATION, DHARMSHALA-176213**Matriculation/+2 Practical Examination _____ 20__****PAY BILL OF LAB. ASSISTANT, CLASS-IV STAFF & LAB BREAKAGE/****CHEMICAL CONSUMPTION BILL**

(Seperate bill form be used for each class)

Name of School _____**(IN CAPITAL LETTERS)****School Code** _____**Distt.** _____**Telephone No.** _____

S. No.	Name of practical subject	No. of candidate appeared	Name of Lab. Assistant	Amount @ ₹ 25 per session	Signature of L.A.	Name of Class-IV Staff	Amount @ ₹ 20 per session	Signature of menial staff	Breakage Charge @ ₹ 2 per candidate	Bank Name A/C. No IFSC Code
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										

Certified that the above staff has actually conducted the practical examination and number of candidates shown above have actually appeared in practical examination.

Principal/Headmaster/Headmistress
(Signature with stamp)

NB : This form must be sent to Board office after the termination of practical examination duly filled in all respects, signed by the Examiner/s & countersigned by the head of Institute with school stamp alongwith signature charts of candidates.