


MAHARASHTRA STATE BOARD OF TECHNICAL EDUCATION

 Mumbai Sub Regional Office
 Bandra (East), Mumbai – 400 051.

BILL FORMAT FOR- MEETING ALLOWANCE / T.A / D.A / INCIDENTAL CHARGES / TASK WORK/ SPECIAL COMMITTEE etc

Date: _____

Office Order No: _____ Date _____

Name :- _____ Designation:- _____

Insti Code : _____ Insti Name & Address : _____

A Details of Travelling Allowance (TA)									
	TA - From	Date	Time	TA - To	Date	Time	Mode of Journey	Amt. In Rs	
B	DA	DA Rates Per day for Period of Stay Rs _____ x No of Days _____							
		DA Rates Per day for Travelling Period Rs _____ x No of Days _____							
C	Incid. Charges	To/Fro	Rates _____ x No of Days _____						
	Total	(Rupees _____)							

 Received Rs : _____ (Rupees _____)
 Expenditure of Rs _____ (Rupees _____)
 Debited to Budget Head E- _____ (TA/DA) under sub head _____ of Financial Yr _____

 Signature
 of
 Claimant

D - Details of Honorarium of Task Work/Special Committee / Meeting Allowance/COE Andaman Project -

 Nature of - _____ Date of Work _____ to _____
 No of Days : _____ Rates in Rupees _____ as per Designation _____
 Total Amount Rs _____ (Rupees _____)

E – Grand Total (A+B+C+D) Rs _____ (Rs _____)
Certified that 1. The above work is performed as per MSBTE norms. 2. I have not used any travelling Allowance. 3. I have not claimed the bill from this/other Organization previously.

For Office Use Only :

 Honorarium of Rs _____ (Rupees _____)
 Debited to Budget Head E - _____ (Honorarium) _____ of Financial Yr _____

 Signature
 of
 Claimant


MAHARASHTRA STATE BOARD OF TECHNICAL EDUCATION

 Mumbai Sub Regional Office
 Bandra (East), Mumbai – 400 051.

Form : B

BILL FORMAT FOR- TRANSPORTATION CHARGES/ SECURITY CHARGES/ CONTINGENCY CHARGES of Q. P./A. B. from & at Exam. Centre/Distri. Centre/RAC and FUC/MISCELLANEOUS CHARGES at EC/DC/RAC etc.

Name of Insti :- _____ Insti Code : _____

Insti Address : _____

Office Order No: _____ Date _____

EXAMINATION : SUMMER/WINTER _____ Examination Center / Distribution Center / RAC

A. DETAILS OF TRANSPORTATION								
Sr No	FROM	DATE / TIME	TO	DATE / TIME	Distance in KM	MODE OF JOURNEY	Rates in Rs	Amount in Rs
Total of A								
B. CONTINGENCY EXPENDITURE during Transportation								
	Other Contingency Charges such TOLL/PARKING/HALT							
Total of B								
C. MISCELLANEOUS CHARGES /FACILITY UTILISATION CHARGES / SECURITY CHARGES								
	EXAMINATION CENTER	Rates _____ x No of Students _____						
	DISTRIBUTION CENTER							
	R A C							
Total of C								
Grand Total (A+B+C)		(Rupees _____)						

Certified that . The above work is performed as per MSBTE norms and the rates approved not claimed the bill previously. The necessary reports/mark sheets are submitted to the RBTE Mumbai/Pune/Nagpur/Aurangabad.

Date: _____

 Principal
 Seal of Institute

For RBTE / Office Use Only:

Recommended for Payment of Rs : _____ (Rupees _____)

Debited to Budget Head E- _____ (Examination) under sub head _____ of Financial Yr _____

**ADDITIONAL INFORMATION (IF ANY) REGARDING TRANSPORTATION /CONTINGENCY
/MISCELLANEOUS EXPENDITURE**

A) DETAILS OF TRANSPORTATION : - (LOT WISE as Ist/IIInd/IIIrd etc)									
Sr No	FROM	DATE/TIME	TO	DATE/ TIME	Distance in KM	MODE OF JOURNEY	Rates in Rs	Amount in Rs	
B) CONTINGENCY EXPENDITURE during Transportation - TOLL/PARKING/HALT : (DC/PCDC) (LOT WISE - Ist/IIInd/IIIrd etc)									
C) MISCELLANEOUS CHARGES/FACILITY UTILISATION CHARGES (EC/DC/RAC)									
D) SECURITY CHARGES (DC)									
Grand Total (A+B+C+D)	(Rupees								

Date: _____

Officer Incharge
DC/EC/ RAC/PCDC

Seal of Institute

Principal

R B T E Mumbai
MSBTE EXAM CONTROLLER BILL Form
 [To be filled by Examination Controllers]

MSBTE Examination : - SUMMER/WINTER 20____ ; From _____ To _____ = Total Exam days _____
 Name of Exam centre : _____ EC Code : _____
 Name of Controller _____ Insti Code : _____
 Name of His Institute _____
 MSBTE Order No : _____ Date _____

For Office Use only :

A.i) Remuneration : Rs 125/- Per Session (Only for Half Sessions per day) X Total Sessions _____ = Rs _____
 A.ii) Remuneration : RS 250/- Per day (For Two Sessions per day) X Total Days _____ = Rs _____
 B) Incidental Charges **For Exam days** (URBAN AREA): Total Days (____) X Rs 100 / 150 / 200/- = Rs _____
OR: Incidental Charges **For Exam days** (Other than Mumbai) : Total Days (____) X Rs 75 / 100 /125/- = Rs _____
 C) Incidental Charges for **REPORT Submission** : (**1 Day**) X Rs 100 / 150 / 200/- = Rs _____

[Rates of Incidental Charges/TA- (a)Less than 10 Km (b)Between 10 -25 Km (c)More than 25 Km]

OR - C) Traveling Allowance for REPORT Submission (From Other than Mumbai/Thane/Navi Mumbai)

From	Date	Time	To	Date	Time	Mode of Journey	Amount in Rs
TOTAL RS							

Total amount (a+b+c) to be paid RS _____ In words Rs _____

The above expenditure of Controllers Remuneration (at Sr no A) of Rs _____ to be accounted from the sanctioned grants for the year 20____ - _____ and debited in expenditure head E – _____ and

The above expenditure of Incidental charges / Traveling Allowance (at Sr no B & C) of Rs _____ to be accounted from the sanctioned grants for the year 20____ - _____ and debited in expenditure head E - _____

Date : _____ **Sign of Controller** _____ **@ Verified By** _____ **Accounts Entered By** _____
 _____ **RBTE Cashier** _____ **Superintendent** _____ **Section Officer** _____

Impt Note : 1.The incidental charges/Travelling Allowance for Exam Days will be paid to and fro from the address of Institute to the place of Examination centre. (2) The incidental charges/Travelling Allowance for Report Submission will be paid to and fro from the address of Institute to the RBTE.



FORM: D

MAHARASHTRA STATE BOARD OF TECHNICAL EDUCATION
RBTE : PUNE/AURANGABAD/NAGPUR/MUMBAI

Certified that work / duty as examiner has been performed by me for Assessment/Moderation of A.B. /PR/ OR/TW/ Project etc of M. S. Board of Technical Education for SUMMER/WINTER 20__ Examination as per

Order No:- _____ Dt: _____

NAME : _____, Institute _____

Course: _____ Year/Sem _____ Master _____

Name Of Subject: _____ No. Of Candidate/Units/Papers Examined: _____

Practical: Internal Examiner

Name Mr. / Mrs _____

Sign

Instt. Code: _____

External Examiner

Name Mr. / Mrs _____

Sign

Instt. Code: _____

PART - B (This Part B to be signed by Principal only if there is any alternative arrangement.)

As alternative arrangement Shri. / Smt _____ of the institute (____), _____ has worked as External Examiner in Liu of / Shri / Smt _____ of (____), _____ Institute.

Date:

Seal Of The Institute

Signature Of Head Of the Institute

Remuneration to be claimed : (For A.B/Job/Experiments- Assessed/Evaluated/Moderated) :-

a) Remuneration to be paid : _____ No of Units X Rate per Units Rs _____ = Rs _____

b) Incidental Charges for Work at Mumbai : No of Days Rs _____ = Rs _____

Incidental Charges for Work at (Other than Mumbai/Thane/Navi Mumbai i.e. Urban)

No of Days Rs _____ = Rs _____

[Rates of Incidental Charges/TA- (a) Below 10 Km (b) Between 10 -25 Km (c) Above 25 Km]

OR (C) TA/DA

Table with 8 columns: TA - From, Date, Time, TA - To, Date, Time, Mode of Journey, Amount in Rs. Includes a row for DA calculation: DA Rate Per Day Rs _____ X No of Days _____

Total amount (a+b+c) to be paid RS _____ In words Rs _____

The above expenditure of Remuneration of Rs _____ to be accounted from the sanctioned grants for the year 20__ - ____ and debited in expenditure head E - _____ and

The above expenditure of Incidental charges/TA of Rs _____ to be accounted from the sanctioned grants for the year 20__ - ____ and debited in expenditure head E - _____

FOR RBTE USE ONLY

FOR RECEIPT VERIFICATION

- 1) Bill Form - D, (As Per Mark Sheet Attachment.) YES / NO
2) Number of Candidate Tallies With Mark Sheet. YES / NO

Signature of Verifier Noting Asst/Sr Clerk Superintendent Section Officer

Note : 1) This Form cum Certificate must be enclosed along with the respective individual mark sheet of the subject



FORMAT OF DUTY CERTIFICATE

**MAHARASHTRA STATE BOARD OF TECHNICAL EDUCATION
RBTE : PUNE/AURANGABAD/NAGPUR/MUMBAI**

Certified that work / duty as _____ has been
performed by Mr /Mrs _____ of Inst Code _____,
_____ as per appointment order No:-
_____ Dt: _____
for the work of _____

Date/Period of Work _____ to _____

Date :

Competent Authority
Signature and Designation



FORMAT OF DUTY CERTIFICATE

**MAHARASHTRA STATE BOARD OF TECHNICAL EDUCATION
RBTE : PUNE/AURANGABAD/NAGPUR/MUMBAI**

Certified that work / duty as _____ has been
performed by _____ of Inst Code _____,
_____ as per appointment order No:-
_____ Dt: _____
for the work of _____

Date/Period of Work _____ to _____

Date :

Competent Authority
Signature and Designation

MAHARASHTRA STATE BOARD OF TECHNICAL EDUCATION
Mumbai Regional Office - Bandra (East), Mumbai – 400 051.

BILL FORMAT For- EAMC/ALL VIGILANCE / INSPECTION COMMITTEES Using Combined Car
For Travelling (T A) and Other Claims of D.A / INCIDENTAL CHARGES /Honorarium etc

Office Order No: _____ Date _____

A) DETAILS OF COMMITTEE MEMBERS USING COMBINE CAR FOR TRAVELLING -

Sr No.	Name of Officers Travelled in One Car for Vigilance/Inspection/EAMC			Dates of Duty of work			Designation		Institute Code
	TA - From	Date	Time	TA - To	Date	Time	Mode of Journey	Registration No.	
1	Mr/Mrs/Ms								
2	Mr/Mrs/Ms								
3	Mr/Mrs/Ms								
4	Mr/Mrs/Ms								
5	Mr/Mrs/Ms								
Total									

B) DETAILS OF D A of Committee members

1	Mr/Mrs _____	DA Per day ____ x No of Days ____	
2	Mr/Mrs _____	DA Per day ____ x No of Days ____	
3	Mr/Mrs _____	DA Per day ____ x No of Days ____	
4	Mr/Mrs _____	DA Per day ____ x No of Days ____	
5	Mr/Mrs _____	DA Per day ____ x No of Days ____	
	Total		

C) Details of Incid. Charges of Committee members

1	Mr/Mrs _____	To & Fro- Rates ____ x No of Days ____	
2	Mr/Mrs _____	To & Fro- Rates ____ x No of Days ____	
3	Mr/Mrs _____	To & Fro- Rates ____ x No of Days ____	
4	Mr/Mrs _____	To & Fro- Rates ____ x No of Days ____	
5	Mr/Mrs _____	To & Fro- Rates ____ x No of Days ____	
	Total		

D - Details of Honorarium of Committee members		
1	Mr/Mrs _____	Rates Per day _____ x No of Days _____
2	Mr/Mrs _____	Rates Per day _____ x No of Days _____
3	Mr/Mrs _____	Rates Per day _____ x No of Days _____
4	Mr/Mrs _____	Rates Per day _____ x No of Days _____
5	Mr/Mrs _____	Rates Per day _____ x No of Days _____
	Total	

E – Grand Total (A+B+C+D) Rs _____ (Rs _____)

Certified that .1.The above work is performed as per MSBTE norms and we have not used any Travelling Advance. 2. We have not claimed the bill from this/other Organization previously. 3. Certified that the Taxi fare/ Personal Car charges are Claimed by Mr/Mrs _____ on behalf of all the team members. 4. Certified that the Taxi/ charges are not claimed by other member.

Signature of Chairman of Committee
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Date :

Name	Name	Name	Name	Name
Signature of Claimant	Signature of Claimant	Signature of Claimant	Signature of Claimant	Signature of Claimant

For MSBTE Office Use -

Details of Individual Payment -

Sr N	Name of Officer	Insti Code	TA amount	DA Amount	Incid Charges	Honoro	Total Amount
1							
2							
3							
4							
5							
Total Amount Rs _____							

Debited to Budget Head E - _____ - Rs _____ ; E- _____ Rs _____ of Financial Yr _____
 Passed for Payment of Rs _____ (Rupees _____)

Noting Asst Section Suptt Desk Officer Section Head

Important Note -1) For Taxi /Travel in Personal Car please provide Taxi No _____ Or RTO Registration No of car _____
 All the members of Vigilance/Inspection Committee are requested to submit the Remuneration bill combinedly in single bill form of **Form : F – Committee.**



R B T E Mumbai

MS-CIT EXAM CONTROLLER BILL Form

[To be filled by Exam Controllers]

MSCIT examination : - @ _____ 20 ____ ; From _____ To _____ = *Exam days _____

Name of Exam centre : @ _____ (Lab 1, 2, 3); Centre Code : _____

Name of Controller@ _____ LLC Code : _____

Name of His Institute @ _____ LLC Code : _____

Order No : @ _____ Date _____

For Office Use only :

a) Remuneration to be paid : ____ * Exam Days + 1 Day (Preparation) = \$ ____ Total Days X Rs 200/- = Rs _____

b) Incidental Charges (For Mumbai) for Exam days : \$ Total Days (____) X Rs 100 / 150 / 200/- = Rs _____

Incidental Charges (Other than Mumbai) for Exam days : \$ Total Days (____) X Rs 75 / 100 / 125/-
= Rs _____

C) Incidental Charges for Data Submission (For Mumbai): **1 Day** X Rs 100 / 150 / 200/- = Rs _____

Incidental Charges for Data Submission (Other than Mumbai): **1 Day** X Rs 75 / 100 / 125/- = Rs _____

[Rates of Incidental Charges/TA- (a)Below 10 Km (b)Between 10 -25 Km (c)Above 25 Km]

OR C) Traveling allowance for Data Submission

From	Date	Time	To	Date	Time	Mode of Journey	Amount in Rs
Total Rs							

Total amount (a+b+c) to be paid RS _____ In words Rs _____

The above expenditure of Controllers Remuneration of Rs _____ to be accounted from the sanctioned grants for the year 20____ - _____ and debited in expenditure head E – 21004 and

The above expenditure of Incidental charges/TA of Rs _____ to be accounted from the sanctioned grants for the year 20____ - _____ and debited in expenditure head E -21002

Date : Sign of Controller

@ Verified By

Accounts Entered By

RBTE Cashier

Superintendent

Section Officer

Imp Note : 1.The incidental charges/Travelling Allowance will be paid to and fro from the address of work (LLC) to place of examination centre and back. (2) The remuneration for Preparation day includes Training and Installation.