**KHYBER PAKHTUNKHWA BOARD OF TECHNICAL EDUCATION, PHASE-V, HAYATABAD PESHAWAR PHONE: 091-9217435, 9217440 WhatsApp: 0314-9703198**

**ATTENDANCE SHEET / REMUNERATION**

**Bill of Supervisory Staff for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Examination held at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Centre No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Exam Scheduled dates** | |  |  |  |  |  |  |  | |  |  | |  | |  | |  | **No of days put in by Supdtt:** | | **Traveling Allowance** | | | **Remuneration** | | **Total Amount**  **(TA + Rem)** |
| **Nos. of Candidates on Each Day at the Centre** | Morning |  |  |  |  |  |  |  | |  |  | |  | |  | |  | **Distance Traveled**  **both sides** | **Rate Per Km** | **Amount** | **Rate** | **Amount** |
| Evening |  |  |  |  |  |  | |  |  | |  | |  | |  |
| **Name of Supdt:/Dy: Supdt:/Asstt; Supdt: with Complete Address** | ***\* Please enter your signature only for attendance and sent to ACE of BTE through WhatsApp in 1st hour of the commencement of each paper*** | | | | | | | | | | | | | | | | | **Single** | **Double** |
| **1.** | Morning |  |  |  |  |  |  |  |  | | |  | |  | |  |  |  |  |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |  | | |  | |  | |  |  |  |  |
| **2.** | Morning |  |  |  |  |  |  |  |  | | |  | |  | |  |  |  |  |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |  | | |  | |  | |  |  |  |  |
| **3.** | Morning |  |  |  |  |  |  |  |  | | |  | |  | |  |  |  |  |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |  | | |  | |  | |  |  |  |  |
| **4.** | Morning |  |  |  |  |  |  |  |  | | |  | |  | |  |  |  |  |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |  | | |  | |  | |  |  |  |  |
| **5.** | Morning |  |  |  |  |  |  |  |  | | |  | |  | |  |  |  |  |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |  | | |  | |  | |  |  |  |  |
| **6.** | Morning |  |  |  |  |  |  |  |  | | |  | |  | |  |  |  |  |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |  | | |  | |  | |  |  |  |  |
| **7.** | Morning |  |  |  |  |  |  |  |  | | |  | |  | |  |  |  |  |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |  | | |  | |  | |  |  |  |  |
| **8.** | Morning |  |  |  |  |  |  |  |  | | |  | |  | |  |  |  |  |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |  | | |  | |  | |  |  |  |  |
| **9.** | Morning |  |  |  |  |  |  |  |  | | |  | |  | |  |  |  |  |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |  | | |  | |  | |  |  |  |  |

Certified that persons named in the bill were actually engaged in assisting me and worked to my entire satisfaction during the days noted against

the name of each. It is also certified that the expenditure charged in this bill could not with regard to the interest of the Board of Technical Education,

Peshawar to be avoided.

**C/Superintendent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FOR USE IN THE BOARD’S OFFICE ONLY**

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| **Duty Verified as per approved list**  **Dealing Assistant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **A.C.E. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Does the Budget Provision Exist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Accountant** | **Certified that bill has been checked and found correct and passed for Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Dealing Clerk Audit Officer** | **Pay Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Rupees\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  ***P.T.O***  **Signature** |

**EACH SUPERVISORY STAFF MUST PROVIDE THE FOLLOWING INFORMATION**

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| **Name** |  |
| **IBAN No.** |  |
| **NIC No.** |  |
| **Mobile No.** |  |
| **Bank Name** |  |
| **Branch Code** |  |

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| **IBAN No.** |  |
| **NIC No.** |  |
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