

Form Book

(1st Amendment)



EXAMINATION SECTION

BIRLA INSTITUTE OF TECHNOLOGY, MESRA

RANCHI-835215, JHARKHAND

Website: www.bitmesra.ac.in

Phone: 0651-2275138 (Extn-4483)

FORM BOOK

Grievances	Category	Reference No	Form Name
Any grievances, Scrutiny, Transcript	ES	BITM/ES-01	Common Application Form
		BITM/ES-02	Application for Appearing the Examination in Dispensary
		BITM/ES-03	Application Form for Scrutiny
		BITM/ES-04	Application Form for Transcript
		BITM/ES-05	Application Form for Duplicate Grade Cards
		BITM/ES-06	Application Form for Course Completion Certificate
		BITM/ES-07	Application Form for Alternative Arrangements for Clashing of Examination Dates
Ph.D. Thesis Evaluation	EP	BITM/EP-01	Evaluation Report of Ph.D. Thesis (deliberately left blank)
		BITM/EP-02	Letter for Submission of Internal Examiner Report
		BITM/EP-03	Summarized Report Letter
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Remuneration, Completion of Evaluation, Payment Information	ER	BITM/ER-01	Remuneration Form for Ph.D. Entrance Examination
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		BITM/ER-02A	Remuneration Form for Ph.D. Thesis Evaluation (National & Abroad) (As per new rule)
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		BITM/ER-04	(I) Remuneration Form for Paper Setting (Internal)
			(E) Remuneration Form for Paper Setting (External)
		BITM/ER-05	(I) Remuneration Form for Evaluation (Internal)
			(E) Remuneration Form for Evaluation (External)
		BITM/ER-06	Remuneration Form for Result Processing
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Examination	EE	BITM/EE-01	UFM Reporting Form
		BITM/EE-02	Attendance Report for Mid/End/SS/NC Semester
		BITM/EE-03	Temporary Absence Report
Office	EO	BITM/EO-01	Application Form for Requirement of Answer Sheets/ Quiz Answer Sheets/Ruled Papers

B.N. Sahu

Assistant Registrar, Examination

Dr. J.P. Pandey

Controller of Examination

Category: ES

Grievances	Category	Reference No	Form Name
Any grievances, Scrutiny, Transcript	ES	BITM/ES-01	Common Application Form
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Birla Institute of Technology, Mesra

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Examination Section

BITM/ES-01: Common Application Form

Date:

To
The Controller of Examination
BIT Mesra, Ranchi-835215

Subject: _____

Application

Dear Sir/Madam,

Full Name:

Sincerely,

Roll No/Employee Code:

Department:

Signature of Applicant

Contact:

Date:

Department Office/ Extension Centre/Offshore Centre

Remarks, if applicable

Signature of Concerned/Faculty

Signature of HOD

Director/ In-charge

For Office Use Only

Movement of Application/File:

Signature of Concerned Official (If required)

Controller of Examination

Proof of Payment (If required):

List of Supporting Documents (If required):



Birla Institute of Technology, Mesra

Ranchi-835215, Jharkhand, India

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Examination Section

BITM/ES-02: Application Form for Appearing the Examination in Dispensary

Date:

To
The Controller of Examination
BIT Mesra, Ranchi-835215

Information

Full Name: _____ Roll Number: _____
Programme: _____ Department: _____
Semester: _____ Contact No: _____
Reason for Appearing in Dispensary: _____

Application

Dear Sir/Madam,

Kindly permit me to appear the following papers of _____ semester examination (session _____) in dispensary.

S.N	Date of Examination	Schedule/Seating	Subject Code	Subject Name
1				
2				
3				
4				
5				
6				
7				
8				
9				

Date:

Signature of Applicant

Recommendation of Head, BIT Dispensary (Mesra), Ranchi

(Signature and Seal)

For Office Use Only

Movement of Application/File:

Signature of Concerned Official (If required)

Controller of Examination

Note: Please attach the supporting documents with the application form.

**Birla Institute of Technology, Mesra**

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Examination Section***BITM/ES-03: Application Form for Scrutiny***

Date: _____

1. Full Name: _____ 2. Roll No: _____
3. Branch: _____ 4. Contact No: _____
5. Examination related to which scrutiny of answer scripts sought:

Examination: END / NC / SS /Backlog /Additional		Year:	Month:	Semester:
S.N.	Subjects/Papers	Marks obtained in Mid Semester		Final Grade

6. Payment Method : (SBI Collect/ Account Office/ Demand Draft) (*Fee for scrutiny is ₹ 100.00 per paper*)

Demand Draft/ Receipt/ Reference No: _____

Issuing Bank/Institute Name: _____

Date: _____

I hereby declare that the particulars furnished above are true to the best of my knowledge and belief. I shall abide by scrutiny rules of the institute.

Signature of Applicant

HOD/In-charge/Director
(Extension Center/Offshore Campus)

For Office Use Only

The above application for scrutiny of answer scripts is completed and the following has been found.

☐

There is no change.

☐

The revised marks/grade are as under

Examination: END / NC / SS /Backlog /Additional			Year:	Month:	Semester:
S.N.	Subjects/Papers	Marks obtained in Mid Semester	Previous Grade	Revised Marks (Mid + End Semester)	Revised Final Grade

Controller of Examination



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Examination Section

BITM/ES-04: Application Form for Transcript

Date: _____

1. Full Name: _____ 2. Roll No: _____
3. Branch : _____
4. Passing Year: _____ Month: _____ Session: _____
5. No of Transcripts Required: _____ (Examples: 02,04,06,08 etc.)
6. Payment Method : (SBI Collect/ Account Office/ Demand Draft)

Demand Draft/ Receipt/ Reference No:

Issuing Bank/Institute Name:

Date:

7. To whom the transcript should be sent to:

Request-I: For personal collection, please fill in the details below.

Full Name: _____

Mobile: _____

N.B: The applicant has to produce the original valid Identity Card for collecting the transcript personally.

Request-II: For sending it to organization/employer etc., Please fill in the details below.

Complete Postal Address: _____

ZIP Code/PIN No: _____

Email: _____

Contact Number: _____

Place:

Date:

Signature of Applicant

The filled in form duly signed by the applicant with the requisite fee and checklist documents will be submitted/sent to:

Examination Section

Birla Institute of Technology Mesra,

Ranchi-835215, Jharkhand, India

Check List for Applicant:

	Demand Draft or Payment Slip	₹ 500 per pair for sending it within India or collecting personally.
		₹ 500 per pair for transcript and additional ₹ 2000 for sending it to abroad.

	Self-attested Copy of Provisional Certificate
--	---

	Self-attested copy of Identity
--	--------------------------------

N.B: Write your Name and Roll No at the back side of Demand Draft. Attach the self-attested copy of provisional certificate and Identity. Application without signature is invalid.



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Examination Section

BITM/ES-05: Application Form for Duplicate Grade Cards

Date: _____

1. Full Name: _____ 2. Roll No: _____
3. Branch : _____
4. Passing Year: _____ Month: _____ Session: _____
5. Grade card required for which semester (s) : _____ (Examples:I,II,III,IV etc. semesters)
6. Payment Method : (SBI Collect/ Account Office/ Demand Draft)

Demand Draft/ Receipt/ Reference No:

Issuing Bank/Institute Name:

Date:

7. To whom the duplicate grade cards should be sent to:

Request-I: For collecting personally, please fill in the details below.

Full Name: _____

Mobile: _____

***N.B:** The applicant has to produce the original valid Identity Card for collecting the duplicate grade cards personally.*

Place: _____

Date: _____

Request-II: For sending it to organization/employer etc., Please fill in the details below.

Complete Postal Address: _____

ZIP Code/PIN No: _____

Email: _____

Contact Number: _____

Signature of Applicant

The filled in form duly signed by the applicant with the requisite fee and checklist documents will be submitted/sent to:

Examination Section

Birla Institute of Technology Mesra,

Ranchi-835215, Jharkhand, India

Payment Information

₹ 1000 for sending it within India or collecting personally.

₹ 1000 for duplicate grade cards and additional ₹ 2000 for sending it to abroad.

Important Information's:

1. If grade card is damaged but still recognizable, annex the original grade card **else** provide the FIR copy, in case of substantiate loss or theft cases.
2. Annex a notary attested affidavit on non-judicial stamp paper of ₹ 20/-.
3. Annex the payment proof.
4. Annex the self-attested copy of identity proof.



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Examination Section

BITM/ES-06: Application Form for Course Completion Certificate

Date: _____

1. Full Name: _____ 2. Roll No: _____
3. Branch : _____
4. Passing Year: _____ Month: _____ Session: _____
5. Payment Method : (SBI Collect/ Account Office/ Demand Draft)

Demand Draft/ Receipt/ Reference No: _____

Issuing Bank/Institute Name: _____

Date: _____

6. To whom the course completion certificate should be sent to:

Request-I: For collecting personally, please fill in the details below.

Full Name: _____

Mobile: _____

***N.B:** The applicant has to produce the original valid Identity Card for collecting the course completion certificate personally.*

Place: _____

Date: _____

Request-II: For sending it to organization/employer etc., Please fill in the details below.

Complete Postal Address: _____

ZIP Code/PIN No: _____

Email: _____

Contact Number: _____

Signature of Applicant

The filled in form duly signed by the applicant with the requisite fee and checklist documents will be submitted/sent to:

Examination Section

Birla Institute of Technology Mesra,

Ranchi-835215, Jharkhand, India

Payment Information

₹ 500 for sending it within India or collecting personally.

₹ 500 and additional ₹ 2000 for sending it to abroad.

Important Information's:

1. Annex the self-attested photo copies of grade cards of all semesters or provide the self-attested photo copy of complete semester transcript. In case of non-availability of final semester grade card, please provide the self-attested ERP generated proof
2. Annex the payment proof
3. Annex the proof of requirement (Offer letter/Admission Letter etc)



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Examination Section

BITM/ES-07: Application Form for Alternative Arrangement for Clashing of Examination Dates

Date:

To
The Examination Section
BIT Mesra, Ranchi-835215

Information

Full Name: _____ Roll Number: _____
Programme: _____ Department: _____
Semester: _____ Contact No: _____

Application

Dear Sir/Madam,

I have registered in the following theory papers in (MO/SP/SS/NC _____)

S.N	Date of Examination	Subject Code	Subject Name
1			
2			
3			
4			
5			
6			
7			
8			
9			

Out of the aforementioned subject, the following papers are clashing on same date. Hence, I am requesting you for suitable alternative arrangement, so that I could appear in the examination.

S.N	Date of Examination	Subject Code	Subject Name
1			
2			
3			
4			
5			

Date:

Signature of Applicant

For Office Use Only

Signature of Concerned Official (If required)

Controller of Examination

Note: Please attach the registration slip with this application form.

Category: EP

Grievances	Category	Reference No	Form Name
Ph.D. Thesis Evaluation	EP	BITM/EP-01	Evaluation Report of Ph.D. Thesis (deliberately left blank)
		BITM/EP-02	Letter for Submission of Internal Examiner Report
		BITM/EP-03	Summarized Report Letter
		BITM/EP-04	Letter for Submission of New Panel



Examination Section

BITM/EP-01: Evaluation Report of Ph.D. Thesis

Reference Number:

F.No: _____/2018-19/Ph.D. (E.O)

(Available in the consent letter)

Date of Submission of Report:

Name of Examiner:

Examiner's Institution:

Name of Candidate:

Roll No:

Department:

Title of Thesis:

A. GENERAL FEATURES OF THE THESIS

1. Organisation and get-up :	
2. Whether quality of work is comparable with other universities of repute?	Yes / No
3. Whether the thesis has embodied any new ideas with original thoughts?	Yes / No

B. COMMENTS (If space provided is not sufficient, attach separate sheet.)

1. Corrections in punctuation, grammar, spelling, typing and language (Put ✓ mark in appropriate)		
<input type="checkbox"/> None	<input type="checkbox"/> Minor	<input type="checkbox"/> Require Changes
2. Technical content of the thesis:		
3. Highlights and strong/weak points in the thesis:		

C. SPECIFIC RECOMMENDATIONS (Put ✓ mark in appropriate). Write here: (Ex. C1, C2, C3 etc.)

	1. The thesis is acceptable in the present form for the award of Ph.D. degree.
	2. The thesis be accepted after clarification of the minor points listed in the report at the time of viva- voce.
	3. The thesis be accepted after minor modifications/revision as suggested, up to the satisfaction of the doctoral committee. After modifications, the thesis need not be referred to me again.
	4. The thesis needs technical improvement / modifications which must be carried out to my satisfaction before I recommend the thesis for acceptance.
	5. The thesis cannot be accepted for the award of the Ph.D. degree.

D. DETAILS OF THE EXAMINER

Date:

Signature of the Examiner *

Name:

Affiliation:

Complete Postal Address:

Zip /PIN Code:

Email:

Contact/Mobile:

Fax:

**Evaluation report without signature is invalid. However, electronic signature is preferable for the report sent through email.*

Thank you for completing the report.

Please return it to: Scan/Soft Copy : phd.coe@bitmesra.ac.in
Hard Copy : The Controller of Examination
Birla Institute of Technology, Mesra
Ranchi - 835215 (Jharkhand), India
Email: phd.coe@bitmesra.ac.in , Phone: +91-651-2275138 (4483)
www.bitmesra.ac.in

Do not send the hard copy of report if you are sending it through email.



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Examination Section

BITM/EP-02: Letter for Submission of Internal Examiner Report

F.No: _____/2018-19/Ph.D. (E.O)

Dated: _____

To

The Chairman, Doctoral Committee

Dear Sir/Madam,

Kindly inform the guide and co-guide/ external guide (*if applicable*) to submit the internal examiner report to examination section for the thesis submitted by Mr./Ms./Mrs. _____

Roll No: _____ as soon as possible.

<i>Guide</i>	<i>Co-Guide/External Guide (If applicable)</i>
1.	1.

Thanking you.

Sincerely,

Assistant Registrar (Examination)

Controller of Examination



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Examination Section

BITM/EP-03: Summarized Report Letter

F.No: _____/2018-19/Ph.D. (E.O)

Dated: _____

To
The Chairman, Doctoral Committee

Dear Sir/Madam,

Kindly find the examiners original report for the thesis entitled “_____”

_____”

submitted by Mr./ Ms./ Mrs. _____ Roll No: _____.

The above documents are forwarded for your necessary action.

Thanking you.

Sincerely,

Assistant Registrar (Examination)

Controller of Examination

Enclosures:

- | | | |
|--|---|-------|
| 1. Foreign Examiner | : | Pages |
| 2. Indian Examiner | : | Pages |
| 3. Internal Examiner (Guide) | : | Pages |
| 4. Internal Examiner (Co-guide/External Guide) | : | Pages |

Copy to:

1. Dean, Academic Program



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Examination Section

BITM/EP-04: Letter for Submission of New Panel (National /Abroad)

F.No: _____/2018-19/Ph.D. (E.O)

Dated: _____

To
The Chairman, Doctoral Committee

Dear Sir/Madam,

The examination section would like to inform you that the examiner panel (National/Abroad) submitted by the Doctoral Committee for the Ph.D. thesis submitted by Mr. /Ms. /Mrs. _____

Roll No _____ is exhausted. Hence, you are requested to initiate the process to resubmit a fresh panel as soon as possible.

Thanking you.

Sincerely,

Assistant Registrar (Examination)

Controller of Examination

Category: ER

Grievances	Category	Reference No	Form Name
Remuneration, Completion of Evaluation, Payment Information	ER	BITM/ER-01	Remuneration Form for Ph.D. Entrance Examination
		BITM/ER-02	Remuneration Form for Ph.D. Thesis Evaluation (National & Abroad)
		BITM/ER-02A	Remuneration Form for Ph.D. Thesis Evaluation (National & Abroad) (As per new rule)
		BITM/ER-03	Remuneration Form for UG & PG Viva/Project/ Thesis Evaluation
		BITM/ER-04	(I) Remuneration Form for Paper Setting (Internal)
			(E) Remuneration Form for Paper Setting (External)
		BITM/ER-05	(I) Remuneration Form for Evaluation (Internal)
			(E) Remuneration Form for Evaluation (External)
		BITM/ER-06	Remuneration Form for Result Processing
		BITM/ER-07	Application for Completion of Evaluation
		BITM/ER-08	Remuneration Form for Conducting the Ph.D. Viva Examination
		Annexure-A: Payment Information Form (MS Word Format) (Pdf Format)	



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Examination Section

BITM/ER-01: Remuneration Form for Ph.D. Entrance Examination

1. Name of Examiner/Paper Setter/Coordinator/Invigilator (in **block letters**):
2. Account Details : **Information required for making payment.**
Name of Account Holder:
Account Number:
Bank Name :
Branch Name:
IFS / Swift / BI Code:
3. Contact Number :
4. Email :
5. Assignment : Paper Setting for Ph.D. Entrance Examination(Session _____ Year _____)
Subject: _____

S.N.	Particulars	Remuneration	Total Amount	Remarks (If any)
1	Paper Setting/ Invigilation			

Rate of Remuneration:

₹ 4000.00 per Examiner/Paper Setter

₹ 5000.00 per Coordinator

₹ 150.00 per hour (Invigilator)

Amount (in words): _____

7. Complete Mailing/Postal Address:

PIN/ZIP Code:

Country:

Mob/Contact:

Signature of Examiner/Paper Setter/Coordinator/Invigilator

For Office Use Only

To
Account Section
BIT Mesra

Kindly pay an amount of _____ to the examiner through DD/ cheque/ account transfer.

Controller of Examination

N.B: All fields are mandatory



Examination Section

BITM/ER-02: Remuneration Form for Ph.D. Thesis Evaluation (National & Abroad)

1. Name of Examiner (in **block letters**):

2. Account Details : **Information required for making payment.**

Name of Account Holder:

Account Number:

Bank Name :

Branch Name:

IFS / Swift / BI Code:

3. Contact Number :

4. Email :

5. Assignment : Thesis Evaluation of Mr./Ms./Mrs.
Reference Number:

S.N.	Particulars	Remuneration	Total Amount	Remarks (If any)
1	Thesis Evaluation			

Rate of Remuneration :

Indian/National Examiner : ₹ 4000.00 per thesis (The remuneration will be paid during the viva defense)

Foreign/Abroad Examiner : \$ 150.00 per thesis (US Dollar) or equivalent

Amount (in words):

7. Complete Mailing/Postal Address:

PIN/ZIP Code:

Country:

Mobile/Contact:

Signature of National /Abroad Examiner

For Office Use Only

To
Account Section
BIT Mesra

Kindly pay an amount of _____ to the examiner through DD/ cheque/ account transfer.

Controller of Examination

N.B: All fields are mandatory.



Examination Section

BITM/ER-02A: Remuneration Form for Ph.D. Thesis Evaluation (National & Abroad)

1. Name of Examiner (in **block letters**):

2. Account Details : **Information required for making payment.**

Name of Account Holder:

Account Number:

Bank Name :

Branch Name:

IFS / Swift / BI Code:

3. Contact Number :

4. Email :

5. Assignment : Thesis Evaluation of Mr./Ms./Mrs.
Reference Number:

S.N.	Particulars	Remuneration	Total Amount	Remarks (If any)
1	Thesis Evaluation			

Rate of Remuneration :

Indian/National Examiner : ₹ 5000.00 per thesis (The remuneration will be paid during the viva defense)

Foreign/Abroad Examiner : \$ 300.00 per thesis (US Dollar) or equivalent

Amount (in words):

7. Complete Mailing/Postal Address:

PIN/ZIP Code:

Country:

Mobile/Contact:

Signature of National /Abroad Examiner

For Office Use Only

To
Account Section
BIT Mesra

Kindly pay an amount of _____ to the examiner through DD/ cheque/ account transfer.

Controller of Examination

N.B: All fields are mandatory.

**Examination Section*****BITM/ER-03: Remuneration Form for U.G./P.G. Viva/Thesis/Project Evaluation***1. Name of Examiner (in **block letters**):2. Account Details : **Information required for making payment.**

Name of Account Holder:

Account Number:

Bank Name :

Branch Name:

IFS / Swift / BI Code:

3. Contact Number :

4. Email :

5. Assignment :

S.N.	Particulars	Remuneration	Total Amount
1	U.G/P.G. Thesis/Project Evaluation		

In Words: _____

Rate of Remuneration

A. M.E/M.Pharm/M.Tech Thesis (Or a thesis equivalent to 4 or more credit evaluation and viva-voce examination)	₹ 500 per thesis for external examiner subject to a minimum of ₹ 3000/- and maximum of ₹ 6000/-
B. MBA/MCA/M.Sc/I.M.Sc. Project/Thesis (Or a project of not less than 3 credit unit)	₹ 250 per project subject to a minimum of ₹ 3000/- and maximum of ₹ 6000/-. However, if the number of thesis is more than 30, then the maximum amount shall be enhanced to ₹ 8000/-.
C. U.G. Project Viva-Voce Exam	₹ 5000 to external examiner per day

7. Complete Mailing/Postal Address (If required):

PIN/ZIP Code:

Country:

Mobile/Contact:

Signature of Examiner***Signature of HOD******For Office Use Only***To
Account Section
BIT Mesra

Kindly pay an amount of _____ to the examiner through DD/ cheque/ account transfer.

Controller of Examination

**Examination Section*****BITM/ER-04 (E): Remuneration Form for Paper Setting (External)***1. Name of Paper Setter (in **block letters**):

2. Institution/University :

3. Information : Designation: _____

Department: _____

Email: _____ Mobile: _____

4. Additional Information for : Name of Account Holder:

payment of remuneration Account Number:

Bank Name :

Branch Name:

IFS / Swift / BI Code:

5. Examination Type :

6. Session :

7. Programme and Branch :

8. Semester :

9. Paper Setting for : **Subject Code:** _____**Subject Name:** _____

10. Remuneration : ₹. _____

(Total) In Words: _____

Date of Submission of Question Paper: dd / mm / yyyy

Date of Submission of Bill: dd / mm / yyyy

Signature of Paper Setter***Rate of Remuneration for (External Paper Setter)***

Under Graduate	BE/B.Pharm/B.Arch/B.Tech/Diploma/BCA	₹ 1500 per subject per pair
	BBA/BBM/B.COM/BAM/IMBA/IMCA/IMSc	₹ 1200 per subject per pair
Post Graduate (Equivalent Remuneration for Pre Ph.D.)	ME/M.Pharm/MSc/MCA/M.Tech	₹ 1500 per subject per pair
	MBA/EMBA/MAD	₹ 1200 per subject per pair

For Office Use OnlyTo
The Account Section

Kindly pay an amount of _____ to the paper setter through account transfer/draft/cheque.

Controller of Examination*Note: All fields are mandatory. The paper setter must submit the remuneration bill to examination section within 10 days after the submission of the question papers.*

**Examination Section*****BITM/ER-04 (I): Remuneration Form for Paper Setting (Internal)***1. Name of Paper Setter (as in salary slip in **block letters**):

2. Employee Code/TEQIP ID : _____

3. Information : Department: _____

Email: _____ Mobile: _____

4. Additional Information : Name of Account Holder: _____

Account Number: _____

*(Only for TEQIP Faculties or
in case of Retirement, Study
Leave etc.)*

Bank Name : _____

Branch Name: _____

IFS / Swift / BI Code: _____

5. Examination Type : _____

6. Session : _____

7. Programme and Branch : _____

8. Semester : _____

9. Paper Setting for : **Subject Code:** _____**Subject Name:** _____

10. Remuneration : ₹. _____

(Total) In Words: _____

Date of Submission of Question Paper: dd / mm / yyyy

Date of Submission of Bill: dd / mm / yyyy

Signature of Paper Setter**Rate of Remuneration for (Internal Paper Setter)**

Under Graduate	BE/B.Pharm/B.Arch/B.Tech/Diploma/BCA	₹ 1200 per subject per pair
	BBA/BBM/B.COM/BAM/IMBA/IMCA/IMSc	₹ 1000 per subject per pair
Post Graduate (Equivalent Remuneration for Pre Ph.D.)	ME/M.Pharm/MSc/MCA/M.Tech	₹ 1200 per subject per pair
	MBA/EMBA/MAD	₹ 1000 per subject per pair

For Office Use OnlyTo
The Account Section

Kindly pay an amount of _____ to the paper setter through account transfer/draft/cheque.

Controller of Examination

Note: All fields are mandatory. The paper setter must submit the remuneration bill to examination section within 10 days after the submission of question papers. Further, the paper setter is required to attach the email consent for paper setting request sent by COE/Head of the Departments in the back side of remuneration form or with the remuneration form.

**Birla Institute of Technology, Mesra**

Ranchi-835215, Jharkhand, India

Email: coe@bitmesra.ac.in

Phone: 0651-2275138 (Extn-4483)

Examination Section***BITM/ER-05 (E): Remuneration Form for Evaluation (External)***

1. Date of Examination : _____
2. Examination Type : _____
3. Session : _____
4. Programme and Branch : _____
5. Semester : _____
6. Subject/Assignments : Subject Code : _____
Subject Name : _____
7. Coordinator : _____

8.. Answer Script Range :	<i>From</i>	<i>To</i>	<i>Total</i>

8. Evaluation Details

Q.N.	Name of Evaluator	Employee Code	Nature of Work	Remuneration	Signatures
Q 1					
Q 2					
Q 3					
Q 4					
Q 5					
Q 6					
Q 7					

Total Remuneration Amount: ₹. _____

Date of Submission of Marks:

Signature of Coordinator**Controller of Examination*****Rate of Remuneration (External Evaluation)***

Under Graduate	End Semester	₹ 20 per answer book or minimum of ₹ 100
Post Graduate	End Semester	₹ 25 per answer book or minimum of ₹ 100

Note: All fields are mandatory. The remuneration bill will be submitted by the coordinator during the submission of marks to Examination Section. Please attach **Annexure A** with this form.

**Birla Institute of Technology, Mesra**

Ranchi-835215, Jharkhand, India

Email: coe@bitmesra.ac.in

Phone: 0651-2275138 (Extn-4483)

Examination Section***BITM/ER-05 (I): Remuneration Form for Evaluation (Internal)***

1. Date of Examination : _____
2. Examination Type : _____
3. Session : _____
4. Programme and Branch : _____
5. Semester : _____
6. Subject/Assignments : Subject Code : _____
Subject Name : _____
7. Coordinator : _____

8.. Answer Script Range :	<i>From</i>	<i>To</i>	<i>Total</i>

8. Evaluation Details

Q.N.	Name of Evaluator	Employee Code	Nature of Work	Remuneration	Signatures
Q 1					
Q 2					
Q 3					
Q 4					
Q 5					
Q 6					
Q 7					

Total Remuneration Amount: ₹. _____

Date of Submission of Marks: _____

Signature of Coordinator**Controller of Examination*****Rate of Remuneration (Internal Evaluation)***

Under Graduate	Mid Semester	₹ 6 per answer book or minimum of ₹ 50
	End Semester	₹ 15 per answer book or minimum of ₹ 100
Post Graduate	End Semester	₹ 20 per answer book or minimum of ₹ 100
Pre. Ph.D.	End Semester	₹ 25 per answer book or minimum of ₹ 200

Note: All fields are mandatory. The remuneration bill will be submitted by the coordinator during the submission of marks to Examination Section. Please attach **Annexure A** (Only for TEQIP Faculties or in case of retirement, study leave etc.



Examination Section

BITM/ER-06: Remuneration Form for Result Processing

1. Name of Tabulator (in **block letters**):

2. Employee Code : _____

3. Information : Department: _____

Email: _____ Mobile: _____

4. Additional Information : Name of Account Holder:

(Only for Employee with Retirement, Study Leave etc.) Account Number:

Bank Name :

Branch Name:

IFS / Swift / BI Code:

5. Nature of Works/ : _____

Assignments

6. Remuneration : ₹. _____

(Total)

In Words: _____

Date:

Signature of Tabulator

Rate of Remuneration for Result Processing

A. End Semester Tabulation, Comparison and Grade Cards Checking	: ₹ 5 per candidate per Tabulator or a minimum of ₹ 100 per tabulator
B. Mid Semester Tabulation	: ₹ 2 per candidate per Tabulator or a minimum of ₹ 50 per tabulator
C. Compilation of Final Result and Transcript Preparation	: ₹ 12 per original transcript per tabulator

For Office Use Only

To
The Account Section

Kindly pay an amount of _____ to the paper setter through account transfer/draft/cheque.

Controller of Examination



Phone: 0651-2275138 (Extn-4483)

BITM/ER-07: Application for Completion of Evaluation

Date:

To
The Controller of Examination
BIT Mesra, Ranchi-835215

Though the Head, _____

Subject: Regarding the completion of evaluation work _____

Respected Sir,

I would like inform you that I have completed the following evaluation assignments as assigned to me.

S.N.	Code (Subject/Lab)	Name (Subject/Lab)	No of copies evaluated	Date of submission of marks	Date of leaving, if applicable	Remarks, if any
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Name and Signature of Evaluator

Name and Signature of HOD

Department:
Contact Number:

Department:
Contact Number:

For Office Use Only

To Assistant Registrar, Examination- For Record <i>Assistant Registrar, Examination</i>	Approved/ Not Approved <i>Controller of Examination</i>
---	--

N.B: The approved copy may be collected from the Examination Section.



Examination Section

BITM/ER-08: Remuneration Form for Conducting the Ph.D. Viva Voce Exam (National Examiner)

1. Name of Examiner (in **block letters**):

2. Account Details : **Information required for making payment.**

Name of Account Holder:

Account Number:

Bank Name :

Branch Name:

IFS / Swift / BI Code:

3. Contact Number :

4. Email :

5. Assignment : Thesis Evaluation of Mr./Ms./Mrs.
Reference Number:

S.N.	Particulars	Remuneration	Total Amount	Remarks (If any)
1	Conducting the Ph.D. Viva			

Rate of Remuneration :

National Examiner : ₹ 5000.00 (The remuneration will be paid during the viva defense)

Amount (in words):

7. Complete Mailing/Postal Address:

PIN/ZIP Code:

Country:

Mobile/Contact:

Signature of National Examiner

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To
Account Section
BIT Mesra

Kindly pay an amount of _____ to the examiner through DD/ cheque/ account transfer.

Controller of Examination

N.B: All fields are mandatory.



Examination Section

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Annexure- A: Payment Information Form

1. Name of Employee (in **block letters**):

2. Employee Code / TEQIP ID : _____

3. Account Details : Name of Account Holder:

Account Number:

Bank Name :

Branch Name:

IFS / Swift / BI Code:

4. Contact Number :

5. Email :

Signature of Employee



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Annexure-A: Payment Information Form

1. Name of Employee (in **block letters**):

2. Employee Code / TEQIP ID : _____

3. Account Details : Name of Account Holder:

Account Number:

Bank Name :

Branch Name:

IFS / Swift / BI Code:

4. Contact Number :

5. Email :

Signature of Employee

Category: EE

Grievances	Category	Reference No	Form Name
Examination	EE	BITM/EE-01	UFM Reporting Form
		BITM/EE-02	Attendance Report for Mid/End/SS/NC Semester
		BITM/EE-03	Temporary Absence Report



Examination Section

BITM/EE-01: Unfair Means Reporting Form

Session : _____ ☐ MID ☐ END ☐ SS ☐ NC

1. Full Name of Candidate : _____
2. Roll No : _____
3. Program : _____
4. Branch : _____
5. Semester : _____
6. Venue of Examination Hall : _____
7. Hall No : _____
8. Date of Examination : _____
9. Time : _____
10. Course Code : _____
11. Course Title : _____
12. Name of Invigilator (s) : _____

13. **Details of seized materials:** (Attach with the form, If any) Chit, mobiles and any electronic gadgets confiscated shall be deposited to Examination Office along with the answer script.

14. **Statement of Candidate:**

Signature of Candidate (Compulsory)

Date:

Time:

15. **Statement of Invigilator (s):** Record circumstances of offences in brief (The statement should be definite and unambiguous.)

Certified that the statement by student was made in my/our presence.

Signature of Invigilator (s)



Examination Section

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BITM/EE-02: Attendance Report for MID/END/SS/NC Semester

Room No: _____ Date: _____ Seating: _____ Session: _____ Class/Programme: _____

Branch: _____ Subject Code: _____ Subject Title: _____

A. Roll number and signature of students present during the examination:

S.N	Roll No	Signature
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

S.N	Roll No	Signature
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		
32		
33		
34		
35		
36		
37		
38		
39		
40		

S.N	Roll No	Signature
41		
42		
43		
44		
45		
46		
47		
48		
49		
50		
51		
52		
53		
54		
55		
56		
57		
58		
59		
60		

B. Roll numbers of students absent during the examination

No of Student Present		S.N.	Name of Invigilator (s)	Signature
No of Students Absent		1		
No of Copied Issued		2		
No of Unused Copy		3		
Instruction for Invigilator (s) Use separate sheet for each subject.		4		
		5		



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Examination Section

BITM/EE-03: Temporary Absence Report

Room No: _____ Date: _____ Seating: _____

Session: _____ Type of Examination: _____

S.N.	Roll No	Name of Candidate	Semester	Branch	Time		Signature
					Out	In	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							

S.N.	Name of Invigilator (s)	Signature of Invigilator (s)
1		
2		
3		
4		
5		
6		

Category: EO

Grievances	Category	Reference No	Form Name
Office	EO	BITM/EO-01	Application Form for Requirement of Answer Sheets/ Quiz Answer Sheets/Ruled Papers



Birla Institute of Technology, Mesra

Ranchi-835215, Jharkhand, India

Email: coe@bitmesra.ac.in

Phone: 0651-2275138 (Extn-4483)

Examination Section

BITM/EO-01: Application for Requirement of Answer Sheets/ Quiz Answer Sheet/ Ruled Paper

Date:

To
The Controller of Examination
BIT Mesra, Ranchi-835215

Application

Dear Sir/Madam,

Please issue the ***Answer Sheets/ Quiz Answer Sheet/ Ruled Paper*** for the quiz/ laboratory/ recruitment test.

Specific Information

Name of Examination: Quiz/ Laboratory/ Recruitment test (Please put a tick mark)

In case of recruitment test, please mention the advertisement number: _____

Session: _____

Subject Code: _____

Subject Name: _____

Branch/Programme: _____

Semester: _____

Date of Test: _____

Time of Test: _____

Center Name: _____

Room No: _____

No of Candidates appearing for the Test: _____

No of Answer Sheets/ Quiz Answer Sheet/ Ruled Paper required: _____

Note: Please return the unused Answer Sheets/ Quiz Answer Sheet/ Ruled Paper to the examination section after the end of test.

Signature

Full Name:

Designation:

Contact No:

For Office Use Only

ISSUED	RETURNED
No of <i>Answer Sheets/ Quiz Answer Sheet/ Ruled Paper</i>	No of <i>Answer Sheets/ Quiz Answer Sheet/ Ruled Paper</i>
Signature of Section In Charge/Office Assistant	Signature of Section In Charge/Office Assistant
Remarks (If any):	Signature of Concerned Officer