



NATIONAL INSTITUTE FOR EMPOWERMENT OF PERSONS WITH MULTIPLE DISABILITIES (NIEPMD)
 (DEPT. OF EMPOWERMENT OF PERSONS WITH DISABILITIES, (DIVYANGJAN) MSJ&E, GOVT OF INDIA)
NATIONAL BOARD OF EXAMINATION IN REHABILITATION (NBER)
 (An Adjunct Body of Rehabilitation Council of India, under Ministry of Social Justice and Empowerment)
 ECR, Muttukadu, Kovalam Post, Chennai- 603 112, Tamil Nadu
 email:attendanceaugust@gmail.com

CLAIM FORM FOR CENTRE SUPERINTENDENT (CS)

Examination Month & Year &	Exam Centre Code	Course(s)/...../.....

NAME & ADDRESS OF THE EXAMINATION CENTRE

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DETAILS OF CENTRE SUPERINTENDENT/ EXAM CENTER INCHARGE

Name	
Address	
Email ID	
Phone No.	

DETAILS OF CENTRE SUPERINTENDENT/EXAM CENTER INCHARGE HONORARIUM

No. of days	
(Rs. 1000 * No. of days)- Per Day	
Total Amount	

NEFT DETAILS (Please attached bank passbook copy)

Account Holder's (CS) Name	
Account No.	
Name of the Bank	
Name of the Branch	
IFSC Code	

Exam Centre Seal

Signature of the CS.....

OFFICE USE

<p>A Sum of Rs./- (Rupees only) is passed for payment to Shri/Smt. towards the honorarium for Centre Superintendent / Exam center in charge honorarium for the July 20212 examination.</p> <p>ACCOUNTANT NIEPMD-NBER</p> <p align="right">ADCE NIEPMD-NBER</p>

Note: Please write "Honorarium claim for CS" on envelop and address it to **E. Kothandaraman, ACE, NIEPMD-NBER, Muttukadu, Kovalam Post, Chennai-603112. The Honorarium will be accepted through hard copy only**