

KARNATAKA STATE DIPLOMA IN NURSING EXAMINATION BOARD(1st Floor Library Block, Bangalore Medical College & Research Institute Campus, Bengaluru-560 002.Ph: 080-26700074,75, Website: www.ksdneb.org/net, Email ID: ksdneb@gmail.com**MAY-2023 Practical Examination Remuneration Details (INDIVIDUAL EXAMINER FORM)**

Name of the Examiner _____ Designation: _____ Institution: _____

Sl. No.	School Code	Name of the Institution & Place	Number of Students attended the practicals							Total No. of Students x Rs.50	Conveyance No. of days x Rs. 375/-	Total Amount	
			IstYr	IInd Yr	IIInd Yr	IInd Yr	IIIrd Yr	IIIrd Yr	IIIrd Yr				
			Pra-I FON	Pra-I MSN-I	Pra-II Child Health	Pra-3 Mental Health	Pra-I Midwifery	Paediatric	Pra-II CHN-2				
01													
02													
03													
04													
05													
06													
07													

Name & Signature of the Pra Co-Ordinator: _____ Institution: _____ Sch Code: _____

The above Practical Internal & External Examiner has actually conducted practical to the student as claimed in the statement.**Bank Details of Examiner:**

A/c No. of Examiner	Name of the Bank & Branch	IFSC Code	Mobile No.	Email ID

KARNATAKA STATE DIPLOMA IN NURSING EXAMINATION BOARD

(1st Floor Library Block, Bangalore Medical College & Research Institute Campus, Bengaluru-02, Ph: 080-26700074, 26700075

Website: www.ksdneb.org , E-mail: ksdneb@gmail.com)

Statement of Payment for MAY-2023 Practical Examination Remuneration & Conveyance Charges

Name of the Practical centre: _____

School Code

Name of the Institution for which practical examination conducted:- _____

Sl. No.	Practicals	Name of the Examiners, Designation & Name of the School	Remuneration	Conveyance Charges (for local Examiners only)	Total (3 + 4)	Signature
			No. of Student x Rs 50 (3)	No. of days x Rs. 375 Per day (4)	Rs. Total Amount has to be entered (5)	
(1)	(2)					(6)
1	I Year Practical – I Fundamentals of Nursing	Int:	x 50 =	x 375 =		
		School Name:				
		Ext:	x 50 =	x 375 =		
School Name:						
2	II Year (New Syllabus) Practical-I Medical Surgical Nursing,	Int:	x 50 =	x 375 =		
		School Name:				
		Ext:	x 50 =	x 375 =		
School Name:						
3	II Year (New Syllabus) Practical-II Child Health Nursing	Int:	x 50 =	x 375 =		
		School Name:				
		Ext:	x 50 =	x 375 =		
School Name:						
4	III Year Practical-I Midwifery & Gynaecology	Int:	x 50 =	x 375 =		
		School Name:				
		Ext:	x 50 =	x 375 =		
School Name:						

KARNATAKA STATE DIPLOMA IN NURSING EXAMINATION BOARD

(1st Floor Library Block, Bangalore Medical College & Research Institute Campus, Bengaluru-02, Ph: 080-26700074, 26700075
Website: www.ksdneb.org , E-mail: ksdneb@gmail.com)

Statement of Payment for MAY-2023 Practical Examination Remuneration & Conveyance Charges

Name of the Practical centre: _____

School Code

Name of the Institution for which practical examination conducted:- _____

Sl. No.	Practicals (1)	Name of the Examiners, Designation & Name of the School (2)	Remuneration	Conveyance Charges (for local Examiners only)	Total (3 + 4)	Signature (6)
			No. of Student x Rs 50 (3)	No. of days x Rs. 375 Per day (4)	Rs. (5)	
5	III Year Practical Paediatric Nursing	Int: School Name:	x 50 =	x 375 =		
		Ext: School Name:	x 50 =	x 375 =		
6	III Year Practical – II Community Health Nursing-II	Int: School Name:	x 50 =	x 375 =		
		Ext: School Name:	x 50 =	x 375 =		
7	Computer Operator for Uploading Practical Marks	Rs. 500/- (Fixed Amount per centre)			Rs. 500/-	
8.	Practical Coordinator (Rs. 1000/- Fixed amount)				Rs. 1000/-	
Total						

I have disbursed the total amount of Rs. (in words) Rs.

to the above said officials as noted against their names towards remuneration and Conveyance charges for **MAY-2023** Practical Examination.

Co-Ordinator Name	Name of the School	A/c No.	Name of the Bank & Branch	IFSC Code

Office Use Only

The payment made is accepted Voucher No.: Date.....

Signature of the Secretary
KSDNEB, Bengaluru