

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

January 2026 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	IInd Yr	IInd Yr	IIIrd Yr	IIIrd Yr			
			Pra-I FON	Pra-I MSN-I	Pra-II Child Health	Pra-3 Mental Health	Pra-I Midwifery	Paediatric			
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

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Statement of Payment for January 2026 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) Rs. Total Amount has to be entered (5)	Signature (6)
			No. of Student x Rs 50 (3)	No. of days x Rs. 375 Per day (4)		
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:				

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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

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T.A. & D.A. REMUNERATION FORM

Name of the Official:		
Designation		
Mobile No. & Email ID :		
Name of the School / Institute:		
Account Number :		
Name of the Bank, Branch & IFSC Code :		
Date of Commencing the work from and To:	TO	
Signature of the Official		
Signature of the Secretary		
Travelling from : DATE:	To	
Rs.7/- Per K.M.	KMs x Rs. 7/-	Rs.
Travelling From : Date:	To	
Rs.7/- Per K.M.	KMs x Rs. 7/-	Rs.
	Total Amount	
D.A. (Rs. 750/- per day) for Bengaluru		Rs.
Other places Rs. 600/- per day		
<u>FOR OFFICE USE ONLY</u>		
Cheque No:.....Date:.....Amount:.....		
Bill Passed by:.....	Secretary KSDNEB, Bengaluru	
Date:.....		