FINAL STATEMENT OF ZONAL EXPENDITURE ACCOUNTS FOR HSLC EXAMINATION SPOT EVALUATION ZONE AT_____

(HSLC EXAMINATION, 2024) TO BE SUBMITTED TO THE CONTROLLER OF EXAMINATION, SEBA

SL NO	RECEIPT FORMS	EXPENDITURE (IN Rs.)
1	ZAC -01 Payment of Remuneration to Head Examiners	
2	ZAC -02 Payment of Remuneration to Scrutinisers	
3	ZAC -03 Payment of Remuneration to Examiners	
4	ZAC -04 Payment to Zonal Officer/ Asstt Zonal Officers/Other Staff	
5	ZAC -05 Payment to Attendants/Security Persons etc.	
6	ZAC -06 Payment to Zonal Committee Members including T.A/D.A.	
7	ZAC -07 Expenditure for refreshment	
8	ZAC -08 Expenditure against T.A/D.A to Zonal staff for local tour/tour to SEBA/Others.	
9	ZAC -09 Expenditure against Office contingencies	
10	ZAC -10 Expenditure against other contingencies only in cases of unavoidable items, for specific purpose.	
	ZAC -11 A/C of Scripts to be prepared by concerned Head Examiners with countersignature of the Zonal Officer	
12	ZAC -12 A/C of total packets sent to SEBA through Board's messenger	
13	(= 10 0 1 = 740 10)	
14		
15	Balance to be received from Board's	
16	Balance to be refunded to Board	

10 Dalance to 50
In case of refund, refunded vide Bank Draft NoDated
Signature of Zonal Officer (with seal)
Verified and forwarded to C.A.O., SEBA:
Controller/Dy. Controller of Examination, SEBA



ZAC-01

BAMUNIMAIDAM, GUWAHATI -781021.

TO BE PREPARED BY THE ZONAL OFFICER AND SUBMITTED DIRECTLY TO THE CONTROLLER OF EXAMINATIONS, SEBA, GUWAHATI- 781021. HSLC EXAMINATION, 2024

STATEMENT OF REMUNERATION TO HEAD EXAMINERS

SL. NAME OF HEAD EXAMINER ZONE.,.... SUBJECT NO. OF SCRIPTS NO. PERIOD OF WORKING FIXED REMUNERATION TOTAL Examined REMARK REMUNERATION FOR 5% OF FROM TO SCRIPTS (AT FULL HALF **EXAMINERS' RATE** PAPER PAPER

verified and fo	rwarded to C.A.O., SEBA:
Controller/DY.	Controller of Examination, SEB
	SEB/

ZAC-02

BOARD OF SECONDARY EDUCATION, ASSAM

BAMUNIMAIDAM, GUWAHATI-781021.

A 100 100 100

TO BE PREPARED BY THE ZONAL OFFIC	BAMUNIMAIDAM, GUWAHATI-781021. ER AND SUBMITTED DIRECTLY TO THE CONTROLLER OF EXAMINATION, 2024 (SPOT EVALUATION)	TIME
ZONE	HSLC EXAMINATION, 2024 (SPOT EVALUATION)	MINATIONS, SEBA, GUWAHATI - 781021.
SL NAME OF THE CONTEST.	STATEMENT OF REMUNERATION TO SCRUTINISERS	SUBJECT

NO.	NAME OF THE SCRUTINISERS	SCRUTI- NISERS NO.		F WORKING	TOTAL NO.	OF SCRIPTS INISED	NO. OF	SCRIPTS	REMUNERAT	TOTAL
			FROM	TO	FULL	The second secon		INED	ION PAID	OIME
					PAPER	HALF PAPER	FULL PAPER	HALF		
							4 4 4 6 Fe 1 K	PAPER		
						_	1			
	TOTAL:									
										*

vermed and fo	orwarded to C.A.O., SEBA:
Coshall	
Controller/DY.	Controller of Examination, SEBA

TO BE PREPARED BY THE ZONAL OFFICER AND SUBMITTED DIRECTLY TO THE CONTROLLER OF EXAMINATIONS, SEBA, GUWAHATI - 781021.

HSLC EXAMINATION, 2024 (SPOT EVALUATION)

STATEMENT OF REMUNERATION TO THE EXAMINERS (ALL)	************************
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SL NO.	NAME OF EXAMINERS	EXAMINER NO.	NO. OF SCRIPTS TOTAL OF ALL THE PKTS. TO BE INCLUDED IN SINGLES ENTRY		TOTAL		WORKING	REMUNERATION PAID	TOTAL
E-27431		 	1ST PAPER	2 ND PAPER		FROM	ТО		
			 						
					7				
						_			
					-				
	TOTAL:								

verified and f	orwarded to	C.A.O., SEBA	
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		And since good many pairs and soul since that you down disk many face.	
Controller/Dy	. Controller o	of Examination,	SEE

TO BE PREPARED BY THE ZONAL OFFICER AND SUBMITTED DIRECTLY TO THE CONTROLLER OF EXAMINATION, SEBA, GUWAHATI – 781021.

HSLC EXAMINATION, 2024 (SPOT EVALUATION)

ZONE
STATEMENT OF EXPENDITURE AGAINST PAYMENT TO ZONAL OFFICERS & STAFF

SL NO.	NAME OF ZONAL STAFF	DESIGNATION	PERIOD OF WORKING		TOTAL	AMOUNT PAID	STAMPPED RECEIPT SIGNATURE
			FROM	TO			
1		ZONAL OFFICER					
2		ASSTT. ZONAL OFFICER					
3		ASSTT. ZONAL OFFICER					A CONTRACT OF THE PART OF THE
4		ASSTT. ZONAL OFFICER					
5		OFFICE ASSTT. CUM-COMPUTER OPERATOR					
6		PAYMENT TO GRADE-IV		****			
7		NIGHT/DAY CHOWKIDAR					
8		NIGHT/DAY CHOWKIDAR			+:		
9		CLEANER					
10		CLEANER		***************************************			
	TOTAL:			***************************************			

Verified	and	forward	led to	C.A.O.,	SEBA	
Controll	er/D	v. Cont	roller	of Exam	ination.	SEB

STATEMENT OF EXPENDITURE AGAINST PAYMENT TO ATTENDANTS (SPOT EVALUATION)

ZONE	, 心理中枢电影器的自然性性解析的比如作的合金体的图像的自然性的现在分词 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		HSLC EXAMINATION, 2024.				
SL NO	NAME OF THE ATTENDANT	AGAINST THE HEAD EXAMINER/CODING OFFICER OFSUBJECT	PERIOD OF WORKING		TOTAL DAYS	AMOUNT PAID	RECEIPT SIGNATURE
			FROM	то			
	TOTAL:						***************************************

EDUCATION, ASSAM BOARD OF SECONDARY BAMUNIMAIDAM, GUWAHATI-781021

STATEMENT OF PAYMENT TO ZONAL COMMITTEE MEMBERS

(SPOT EVALUATION ZONE) HSLC EXAMINATION, 2024

ZONE	**************	
A	MOUNT OF	TOTAL AMOUNT

TING	TOTAL NO. AMOUNT OF AMOUNT OF TOTAL AMOUNT RECEIVED SIGNATURE OF DAYS SITTING T.A/D.A IF (IN Rs.) ALLOWANCE APPLICABLE (FOR ABOVE 12 K.M.)
	ABOVE LZ N.M.)

(SPOT EVALUATION)

# # P #	Description of the same	BATTALA	400 Mg (20 1)	m m m m
1 1 1	5- X // N	A RACH II RAH ACH	TION.	DEE DEL
	II_ (7)	9 5 - F T 5 - II V	2 11 22 2 11 2 7	Company of the Party of the

ZON	E

STATEMENT OF EXPENDITURE FOR REFRESHMENT ITEMS

DATE	VOUCHER NO.	AMOUNT (IN Rs.)	PURPOSE/ REASON
			,
			*
		74	
(the			
			-
ii			

TOTAL:

CONCERNING CASHMEMOS ENCLOSED HEREWITH

Zonal Officer (with seal)

STATEMENT OF EXPENDITURE AGAINST T.A. BILLS

(SPOT EVALUATION) ZONE, HSLC EXAMINATION, 2024

SL NO.	NAME & DESIGNATION OF THE PERSON MAKING THE JOURNEY	FROM	TO	DATE	PURPOSE	WHEATHER PRIOR PERMISSION OBTAINED FROM SEBA FOR MAKING THE JOURNEY	WHEATHER BOARD'S OFFICIALS COUNTERSIGNATURE OBTAINED ON THE T.A. BILL FORM (IF THE JOURNEY IS TO SEBA)	AMOUNT OF THE BILL (IN Rs.)
			:4					
<u> </u>	TOTAL:							

ZONAL OFFICER (WITH SEAL)

ENCLO: T.A. BILLS.

HSLC EXAMINATION, 2024

SPOT EVALUATION ZONI		
	PENDITURE AGAINST OFFICE CONTI	

DATE	VOUCHER NO.	AMOUNT (IN Rs.)	PURPOSE/ REASON FOR THE EXPENDITURE MUST HAVE TO BE MENTIONED			

TOTAL:

CONCERNING VOUCHERS/CASHMEMOS ARE ENCLOSED HEREWITH

Zonal Officer (with seal)

HSLC EXAMINATION, 2024.

SPOT EVALUATION ZONE_	
STATEMENT OF EXPEND	ITURE AGAINST OTHER CONTINGENCY ITEMS
TIL ONWAOIDABLE MILH	PRIOR PERMISSION FROM SECRETARY, SEBA,

GUWAHATI- 781021)									
DATE	VOUCHER	AMOUNT (IN Rs.)	CLARIFICATION ON MAKING SUCH EXPENDITURE WITH RESOLUTIONS						
10									
			## ## ## ## ## ## ## ## ## ## ## ## ##						
		2							
-									
			×						
	*								

TOTAL:

CONCERNING VOUCHERS ARE ENCLOSED HEREWITH

Zonal Officer(with seal)

ZAC-11

BOARD OF SECONDARY ASSAM EDUCATION, ASSAM BAMUNIMAIDAM, GUWAHATI-781021

HSLC EXAMINATION, 2024

TO BE USED BY HEAD EXAMINER/A GROUP OF HEAD EXAMINERS

NAME	THE
STATEMENT OF TOTAL NO. OF SCRIPTS EVALUATED	SUBJECT

SL NO.	NAME/NAMES OF HEAD EXAMINERS	TOTAL NO. C	F SCRIPTS AS EXAMINERS		OF SCRIPTS AS		XAMINED BY	TOTAL NO. (OF SCRIPTS AS	
		FULL PAPER HALF PAPER		PER SCRUTINISERS FULL PAPER HALF PAPER		SCRUTINISERS		PER EXAMINERS		SIGNATURE OF THE CONCERNED HEAD
				TOLL PAPER	HALF PAPER	FULL PAPER	HALF PAPER	FULL PAPER	HALF PAPER	EXAMINERS
									and the state of t	
						94				
4	*									

ONE COPY TO BE SUBMITTED ALONGWITH THE ZONAL ACCOUNTS & ONE COPY TO BE RETAINED BY THE CHIEF ZONAL OFFICER AS RECEIPT AND RECORD

HSLC EXAMINATION, 2024.

ZONE	
	ZAC - 12
The second secon	

RECEIPT OF ANSWER-SCRIPT PACKETS.

PACKETS HANDED OVER TO DEPUTED SEBA STAFF	NATURE OF WRAPING WHETHER BROWN PAPER/ORDINARY PAPER	NAME OF THE SEBA STAFF	NO. & BRAND OF THE VEHICLE USED	DATE & TIME OF DEPARTURE FROM ZONE
				0
		75		
			<u>«</u>	

CHIEF ZONAL OFFICER (WITH SEAL)

SIGNATURE OF RECEIVING SEBA STAFF

ZAC-10

BOARD OF SECONDARY EDUCATION, ASSAM BAMUNIMAIDAM, GUWAHATI-781021

ONE COPY TO BE SUBMITTED ALONGWITH THE ZONAL ACCOUNTS & ONE COPY TO BE RETAINED BY THE CHIEF ZONAL OFFICER AS RECEIPT AND RECORD

HSLC EXAMINATION, 2024.

ZONE.....

RECEIPT OF ANSWER-SCRIPT PACKETS.

NO. OF TOTAL PACKETS HANDED OVER TO DEPUTED SEBA STAFF	NATURE OF WRAPING WHETHER BROWN PAPER/ORDINARY PAPER	NAME OF THE SEBA STAFF	NO. & BRAND OF THE VEHICLE USED	DATE & TIME OF DEPARTURE FROM ZONE
		19		
		(#Q		

CHIEF ZONAL OFFICER (WITH SEAL)

SIGNATURE OF RECEIVING SEBA STAFF