

GOVERNMENT OF KERALA
 CONTROLLER OF TECHNICAL EXAMINATIONS
 TECHNICAL EDUCATION DEPARTMENT
 MEMORANDUM OF WORK DONE - PRACTICAL EXAMINATION

Subject Code :		Month and Year :													
Name of Examination :		Date of Examination :													
Name and address of examiner	Name of Centre	Gazetted/Non-gazetted	Departmental/Private	Internal/External	Subject	Duration		No. of candidates Registered	No. of candidates Appeared	No. of batches conducted	No. of Candidates per batch	Amount	Remuneration for prescribing and valuing per candidate	Amount	Total
							Hrs.								
Name of Treasury through which payment is required															

Station

Date

Counter signature of the Chief Superintendent :

Signature and Name of Examiner.