01\Froms\Compose.p63 115-10,000-10-2020 **EXAMINATIONS OF MARCH-APRIL/OCTOBER-NOVEMBR-201** BILL No. Part-time External By Railway Receipt No. ..... Dt. ..... Internal Note: (1) All enteries in this form must be filled in by person preparing the bill. Forms in which any entry is left blank will be returned for completion to the person preparing the bill. (2) All bill shall be receipted in advance. (3) \*Please mention it clearly if you are appointed at other subject or examination. In Complete From will not be entiled for payment. ALL EXAMINATIONS PAYMENT BILL MAY PLEASE BE SUBMITED TO THE ACCOUNT SECTION. **GUJARAT UNIVERSITY** ...... EXAMINATION (Please mention Exam and Semester) N.B.- In case where the some Examiners are appointed to examine at more examinations than one or in more subjects than one, separate bill should be made out in respect of each such examinations or subject. NAME FATHER'S /HUSBAND'S NAME **SURNAME** To (Name of Examiner) (In Capital Letter) Examinations of March-April/October-November, 20 . P. Rs. ( Remuneration for proof-reading is not be included in the bill. Seperate printed bills may please be filled in and submitted for payment.) Examining...... answer-book at Rs......per paper ....... Examining ...... Candidates Orally, Practically or Clinically at Rs. ..... per candidate ... Examining ....... Candidates for term work at the Rs. ...... per candidate... Remuneration for Chairmanship/Covenership if any... Remuneration for Moderation Honorarium for Examining ...... dissertation at Rs. ..... Total Rs. ..... Adhoc Postage charge as per scale... Total Rs. .... Particulars: Rs. P. Total E. & O. Excepted. I hereby declare that I am a resident of situated Rules inforce in the Republic of India are applicable to me. Date:..... (Signature): College Address in Short: Payment received (Signature): REVENUE Passed for Rs. P. STAMPS Countersigned by **Auditor** Rs. IF OVER Convener Chairman Date : ..... Rs.5000 **Chief Accounts Officer** Controller of Exams. Please fill up both the sides in capital letter only. Name of the A/C Holder: ..... Name:..... Address: A/C Number: IN ...... Bank: BLOCK ..... Branch Name: LETTERS ..... IFS Code ..... Date: MICR Code: M./No./Phone No.

Note: Please provide bank details for easy & early payment.