50-10,000-04-2017 01\Froms\Compose.p63

EXAMINATIONS OF MARCH-APRIL/OCTOBER-NOVEMBR-201 **BILL No.**

(1) I have submitted the Answer-books to University Receipt No. ..... Dt. ..... **Part-time**

(2) I have despatched the Answer-books vide Regd. Post No. ..... Dt. ..... OR **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)

In Subject ..... at the .....

Examinations of March-April/October-November, 20 .

	Rs.	P.
Drawing up ..... question-paper Full/Half as Rs ..... per paper ...		
(Remuneration for proof-reading is not be included in the bill. Seperate printed bills may please be filled in and submitted for payment.)		
For supply of additional ..... copies at Rs. 2 per copy and Re. 1 per cyclostyled copy		
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.

(1) I hereby declare that I am a resident of ..... situated in the Republic of India in ..... State and that the Income-tax Rules inforce in the Republic of India are applicable to me.

Date : ..... (Signature) : .....

College Address in Short :

Payment received

REVENUE STAMPS IF OVER Rs.5000

Countersigned by
Convener Chairman

Auditor

(Signature) : .....
Passed for Rs. ..... **P.** .....
Rs. .....
Date : .....

Chief Accounts Officer **Controller of Exams.**

Please fill up both the sides in capital letter only.

Name : .....
Address : .....
IN .....
BLOCK .....
LETTERS .....
Date : .....
M./No./Phone No. .....
Examination .....
Ch. No. ..... Rs. .....

Name of the A/C Holder : .....
A/C Number : .....
Bank : .....
Branch Name : .....
IFS Code .....
MICR Code : .....

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