

THE UNIVERSITY OF KASHMIR, SRINAGAR.

Project/ Practical Viva-Voce/ Practice of Teaching Examiner's Bill Form.

Name of the Subject _____ Name of the Examination _____

Name of the Centre/s _____

Name of the Scholar in respect of M.Phil/Ph.

d/MD/MS _____

Roll No/s of the Candidates _____

Date	Morning Session	Evening Session

Roll No's of absentees _____ Total No. of Examinees _____

Total remuneration @ _____ Per Candidate Rs. _____ other charges @ _____ Per day.

Conveyance charges _____, Total Rs. _____

Name of the Examiner (in Capital Letters) _____

Designation _____ Whether Permanent/ Contractual/ Retired _____

Address _____ Mob. No. _____

E.mail _____

PAN No. _____ (16) Digits Account No. _____

IFSC Code _____ Bank/Branch details _____

Revenue
Stamp Worth
Rs.2/-Should
be affixed

Received Payment

Signature of the Examiner

Note:-No bill will be entertained without affixing revenue stamp worth Rs.2/-

Report of the Secrecy Section

Work done certificate

Bill verified for _____ Candidates/ Scholars held in _____ Sessions.

Dealing Asstt. H.A. Section Officer Asstt/ Dy. Controller

Passed for Rs. _____ (Rupees)

By debit to III Examination: Remuneration to the paper setters and moderators and Credit to :

TWF _____ IT _____ and Net payable Rs. _____

Rupees _____

Acctt. Sr. Acctt. Asstt/ Dy. Registrar Accounts Controller of Examinations.

HOD/Director.