



**C. U. SHAH UNIVERSITY**  
**Wadhwan City**

**Ann. No.12(A)**

**(Winter/Summer Examination \_\_\_\_\_)**

**CONSOLIDATED SUMMARY OF REMUNERATION**

Sr.No.	Name	Mobile No.	Detail of Bank Account		IFSC Code	Consolidated amount of Remuneration
			Bank	Account No.		

\_\_\_\_\_  
( Exam Co-ordinator)



**C. U. SHAH UNIVERSITY**

**Ann. No.12**

**Wadhwan City**

**EXAMINATION REMUNERATION BILL**

**For**

**Exam Co-ordinator, Senior Supervisors, Block Supervisors, Factotum, Stationery Sup. & Cl. IV.**

**(Winter/Summer Examination \_\_\_\_\_)**

Name of Constituent College \_\_\_\_\_, Wadhwan City

Examinations (Faculty) \_\_\_\_\_

No. of Students registered, examination wise, including Combined Exam, starting on the same date & session.

Date	Session	No. of Blocks	Examination		Total No. of Students registered
			Faculty	No. of the Students registered	

**CERTIFICATE**

It is to certify that the Staff – Members appointed on the various designations such as Exam Co-ordinator, Senior Supervisors, Block Supervisors, Factotum, Stationery Supervisor etc, on the above mentioned examinations, against the total no. of Blocks working & total no. of Students registered shown in this bill are appropriate according to the prescribed rules of the University.

It is also to certify that all the staff members shown in this bill have performed their duties satisfactorily

\_\_\_\_\_  
( )  
Factotum/Stationery supervisor

\_\_\_\_\_  
( )  
Exam Co- ordinator

\_\_\_\_\_  
( )  
Principal & Exam Co- ordinator

## Details of Bill

**(To be prepared in following order each on seprate page)**

(1) Exam Co-ordinator and Senior Supervisor (2) Block Supervisor and Reliever (3) Factotum and Stationery Supervisor (4) Class-IV  
Summary of partwise total should be shown on last page as **Grand total**.

**NAME OF EXAMINATION :-**

Sr. No.	Name	Designation	Dates of duties		Total Sessions	Rate per Session	Total Amount	Sign. for having received the payment
			Morning Session	Evening Session				

\_\_\_\_\_  
( )  
Factotum/Stationery supervisor

\_\_\_\_\_  
( )  
Exam Co- ordinator

\_\_\_\_\_  
( )  
Principal & Exam Co- ordinator

**(FOR USE OF UNIVERSITY OFFICE ONLY)**

### CERTIFICATE

It is to certify that the details mentioned above in this bill have been verified and found correct according to the rules/norms of the university as amended from time to time.

Date: \_\_\_\_\_

\_\_\_\_\_  
Controller of Examination

\_\_\_\_\_  
Pro Vice-Chancellor

### CERTIFICATE

It is to certify that the amount claimed in this bill has been verified and found correct according to the rules/norms of the university as amended from time to time

It is also to certify that this bill has not been paid previously and presented for the first time

Admitted for Rs: \_\_\_\_\_ Objected for Rs: \_\_\_\_\_ Reasons for Objection Rs: \_\_\_\_\_

\_\_\_\_\_  
( )  
Section Officer  
Exam Branch