

C. U. SHAH UNIVERSITY Wadhwan City

Ann. No.14 (Revised)

EXAMINER'S REMUNERATION BILL

(Winter/Summer Examination _____)

Full Name:			Designation:			
Employer's Institute	Name:					
Examination (Faculty):			Mobile No:			
E-Mail ID:			_			
University Authority letter No(Copy should be attached)				oate:		
Bank Account Details:			Account No.			
Name of BankBranch						
			Answer Books			
Date of Exam	Subject Na	ame (With Code)	No. of A.Books assessed	Rate Rs.	Total Amount Rs.	
(Amount in Words)			Crand Tota	1.		
(Amount in Words)		Grand Total:				
			Deductions if any:			
			Net amount payable:			
Received Rs.		Rupees			only in Cash	
			of			
				Received Pa	yment	
				\ Signatu	ıre of Examiner	
		CERTIFI	ICATE	Signata	ire or Examiner	
total A.Books for assessment on dt			& returned all the A.Books duly assessed on completed the assessment work within/not within			
dt: (total days). He/She has	completed the assess	ment work v	vithin/not within	
Assessment Register	No.					
				() Center In-Charge	
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(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
	<u>CERTIFICATE</u>	
It is to ce	rtify that the amount claimed in this bill has been v	verified and found correct according
to the rules/norm	s of the university as amended from time to time	
It is also to	certify that this bill has not been paid previously an	d presented for the first time
Admitted	for Rs:	
Objected	for Rs:	
Reasons f	or Objection Rs:	
		Section Officer
		Fxam. Branch