

INDIRA KALA SANGIT VISHWAVIDYALAYA, KHAIRGARH (C.G.)
REMUNERATION BILL OF ANNUAL EXAMINATION (Practical) - 200
 (Kindly see back for prescribed RATE OF REMUNERATION)

Name of Examiner (In block letters) : _____
 परीक्षक का नाम _____
 Address where cheque /cash is to sent : _____
 पता, जहाँ / चेक / ड्राफ्ट / मनीआर्डर भेजा जा सके _____ Phone No. _____

Sl No.	REMUNERATION	Name of Examination		Number of Examiner	Amount	
		Class	Subject		Rs.	P.
1.	For Conducting Practical Viva / Voice Centre - _____ _____					
				TOTAL		

Total Rs. _____ (in words) _____

Received payment _____ Signature of claimant/Examiner _____

Date _____

CERTIFICATE

Verified from records and certified that the claim as detailed in this bill, is correct.

Dealing Asstt _____ In charge (Exam.) _____

VOUCHER/PASSING ORDER

Voucher No. _____ Date _____

Passed for payment Rs. _____ (in word) _____

O/S Accountant _____ Asstt. Registrar/Finance Officer _____ Registrar _____

Paid Rs. _____ vide cheque No. _____ Date _____

Cheque Writer _____ Accountant _____

INDIRA KALA SANGIT VISHWAVIDYALAYA, KHAIRAGARH (C.G.)

RECEIPT

Received Remuneration bill Rs. _____ Cheque No. _____

Date _____ from the Registrar, Indira Kala Sangit Vishwavidyalaya, Khairagarh of the year _____

Date : _____ Signature of Examiner/Claimant _____

