

**INDIRA KALA SANGIT VISHWAVIDYALAYA, KHAIRGARH (C.G.)**  
**REMUNERATION BILL OF ANNUAL EXAMINATION (Theory) - 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 Answer books Valud | Amount |    |
|--------------|---|---------------------|---------|-------|------------------------------|--------|----|
|              |   | Class               | Subject | Paper |                              | Rs.    | P. |
| 1.           | Paper Setting / Translation<br><b>YEAR - _____</b>                                |                     |         |       |                              |        |    |
| 2.           | Valuation of Ans. Books<br>Revaluation of Ans. Books<br>Valuation of Dissertation |                     |         |       |                              |        |    |
| <b>TOTAL</b> |   |                     |         |       |                              |        |    |

(Please Tick mark which work is you have done.) Kindly see the back for prescribed **RATE OF REMUNERATION**

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 \_\_\_\_\_

