



C. U. SHAH UNIVERSITY
Wadhwan City

Ann.No.15
(Revised)

PAPER SETTER'S REMUNERATION BILL
(Winter/Summer Examination _____)

Full Name: _____ Designation: _____

Employer's Institute Name: _____

Examination (Faculty): _____ Mobile No: _____

E-Mail ID: _____

University Authority letter No _____ Date: _____

(Copy should be attached)

Bank Account Details:

Name of Bank _____ Account No.: _____

Branch _____ IFSC Code: _____

Bill for Setting the Question Paper

Sr. No.	Name of Subject (With Code No.)	Rate Rs.	Total Amount Rs.

(Amount in Words)

Grand Total: _____

Deductions if any: _____

Net amount payable: _____

Date: _____

()
Signature of Claimant

CERTIFICATE

It is to certify that Details shown are True & that Claim made in this Bill is Correct according to the Rules/Norms of the University as amended from time to time.

Date: _____

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Exam Co-ordinator

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Signature of Claimant

Paper Setter's Register No. _____

(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: _____

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Section Officer
Exam. Branch