C. U. SHAH UNIVERSITY Wadhwan City UNIVERSITY PRACTICAL EXAMINATION REMUN			-	Ann.No.16 (Revised) RATION BILL
For				
(Wi	nter/Summer I	Examination _)
Full Name:	Designation:			
Employer's Institute Name:		Mobile No:		
Institute Name & Code (Pla	E-Mail ID:			
University Authority letter (Copy should be attached)	Date:			
Bank Account Details: Name of Bank	Account No.:			
Branch IFSC Code:				
<u>Bill</u>	for INTERNAL/EX	FERNAL Practical	Examinati	ion
Practical Exam Date	Subject (With Code)	No. of Students	Rate (Rs.)	Amount Claimed (Rs.)
(Amount in Words) Total amo				nt (Rs.):
Date:				() Signature of Examiner
Received Rs or through the Ch. No:	Rupees dt:	of	В	only in Cash Bank. Received Payment
		RTIFICATE	-	(
This is to certify that Shri./S on dt:for af			has perfor	was present was duties satisfactorily.

(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

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