



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 _____ Date: _____

(Copy should be attached)

Bank Account Details:

Name of Bank _____ Account No.: _____

Branch _____ IFSC Code: _____

Bill for Examining Answer Books

Date of Exam	Subject Name (With Code)	No. of A.Books assessed	Rate Rs.	Total Amount Rs.

(Amount in Words)

Grand Total: _____

Deductions if any: _____

Net amount payable: _____

Received Rs. _____ Rupees _____ only in Cash
or through the Ch. No: _____ dt: _____ of _____ Bank.

Received Payment

()

Signature of Examiner

CERTIFICATE

This is to certify that Shri/Smt/Kum.: _____ was given total _____ A.Books for assessment on dt _____ & returned all the A.Books duly assessed on dt: _____ (total days _____). He/She has completed the assessment work within/not within time limit.

Assessment Register No. _____

()

Assessment Center In-Charge

(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: _____

Section Officer
Exam. Branch