## THE UNIVERSITY OF KASHMIR, SRINAGAR.

Project/ Practical Viva-Voce/ Practice of Teaching Examiner's Bill Form.

Name of the Su	ıbjectName of the Exa	mination
Name of the C	enre/s	
Name of the Sc	cholar in respect of M Dhill ADL	
d/MD/MS		
Roll No/s of th	e Candidates	
Date	Morning Session E	vening Session
ļ		
Roll No's of abs	entees Total No. of Fyam	inoce
Total remuneration @Per Candidate Rs other of		er charges @ Per day.
Conveyance ch	arges, Total	
	, Total	Rs.
Vame of the Examin	RET (in Capital Letters)	
Designation	Whether Permanent/ Contractual/ Rel	tired
	Mob. No	
E.mail		
PAN No.	(16) Digits Account No.	
IFSC Code	Bank/Branch details	
	Bunky Branch details	
Revenue Stamp Worth	Received Payment	Signature of the Examiner
Rs.2/-Should		
be affixed	Note:-No bill will be entertained without offixing revenue stamp worth Rs. 2/-  Report of the Secrecy Section	Work done soutificate
Bill verified for	Candidates/ Scholars held in Sessions.	Work done certificate
Dealing Asstt.	H.A. Section Officer Asstt/ Dy. Controller	
		T
Passed for Rs	(Rupees)	
By debit to III Examinat	tion: Remuneration to the paper setters and moderators and Credit to :	
TWF	IT and Net payable Rs	
Rupees		
Rupees		
Rupees	Asstt/ Dy. Registrar Accounts Controller of Examination	HOD/Director.