

ACHARYA NAGARJUNA UNIVERSITY

REMUNERATION BILL FOR EXAMINATION WORK

Name & Address of the Examiner :
(In Block Letters)

Month & Year of Examination :

Title of the Paper :

| Code No. of the Question Paper | Theory/Practical Examination | | | | Contingencies (Vouchers to be enclosed) | Total | | |
|--------------------------------|------------------------------|-----------------------|-------------------|----------------------|--|-------|-----|-----|
| | No. of | | Fee for | | | | | |
| | Question Papers Set | Answer Scripts valued | Setting each Q.P. | Valuation Per Script | | Rs. | Ps. | Rs. |
| | | | | | | | | |

Rupees (in Words):

Contents received, I agree to refund to the University any sum that is received by me in this bill and not passed by the Local Fund Audit at the time of auditing.

I hereby certify that I have dispatched all the answer scripts both theory / Practical relating to this examination to the University on

Station : **Signature of Examiner:**

Date :

Received Cash:
(Signature)

Revenue Stamp when claim exceeds Rs. 5000/-

For Office Use

Vice-Chancellor's order dt

Paid by Cash/Cheque No.

Passed for Rs.

Date

Rupees

Rupees

Co-ordinator

Finance Officer.

Finance Officer