

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