



No.

Form Code No.202

**MAHATMA GANDHI UNIVERSITY****Remuneration Bill in Connection with the Valuation/Revaluation of Answer scripts**  
(For Theory & Practical Examinations)

Name of Examination .....Month.....20....

**DETAILS OF EXAMINER**

Name of Examiner ( in BLOCK letters)			Examiner Code	
Nature of Examiner(✓)	<input type="checkbox"/> Additional   <input type="checkbox"/> Chief   <input type="checkbox"/> Sole   <input type="checkbox"/> Dy. Chairman   <input type="checkbox"/> Chairman			
Whether UGC or Non UGC (✓)	<input type="checkbox"/> UGC   <input type="checkbox"/> Non-UGC	<input type="checkbox"/> Govt.   <input type="checkbox"/> Aided   <input type="checkbox"/> Self-Finance	<input type="checkbox"/> Regular   <input type="checkbox"/> Guest	
Full Official Address				
Mobile Number			Email Id-	
SBI Account Number				
Branch			IFS Code	

**DETAILS OF WORK DONE(A-For Theory Examinations)**

\*Use Separate Bills for each QP Code.

QP Code *	SUBJECT	Duration of the paper	No. of Answer scripts (Fill Applicable Columns)		
			Valued	Revalued	Checked
Total Number of Answer Scripts					
Eligible Remuneration (Rs.)			(a):	(b):	(c):
Total (a)+(b)+(c).....					

**B-For Practical & Oral Examinations**

Prescribing work No. batches	No. of Candidates					No. of candidates whose records have been valued & remuneration	No. of candidates for whom viva has been conducted & remuneration
	Registered	Actually present	Prescribi ng work	Conduct- ing work	Preparing work		
Total for Practicasl Rs.							

Grand Total (in Words):.....(In figures): .....

**CERTIFICATE**

Certified that the amount claimed in this bill is correct to the best of my knowledge and it is paid to me provisionally and that I shall refund to the University any amount received, which is subsequently disallowed by the Audit.

**Contents received**Affix Revenue  
Stamp worth  
Rs.1 if claim  
exceeds  
Rs.5000/-

Signature of Chairman with Date

Signature of the Examiner with Date

**FOR OFFICE USE ONLY**

Passed for Rs.....(in fig.).....(In words)

Asst. Registrar...../Dy. Registrar...../Jt. Registrar...../CE/FO

✕

**MAHATMA GANDHI UNIVERSITY-CASH SECTION**Name of the Examiner .....  
Amount Rs.....Credited to the SB Account on ...../Cheque no.....Date.....  
Examination.....