

CV Camp Purpose ONLY

Code No. 202 A

Mahatma Gandhi University, Kottayam-686560

Remuneration Bill to be submitted by all the Examiners (In One Bill, One QP code ONLY)
(NB : ALL THE ENTRIES SHALL BE MADE CORRECTLY AS PER THE REQUIREMENT/GUIDELINES NOTED)

Name of the Course: Bachelor/ Master of (Br.....)
..... Semester/ Year, Month :....., Year : 20..... **(as in Question Paper)**

1. Name of Examiner (in BLOCK LETTERS) Shri/Smt.

2. Name & Full Postal Address (with PIN)
of the College/Centre (in BLOCK LETTERS)

3. Dept. in which the Examiner is working Dept. of.....
Ph.No. of the Dept. :

4. Status of the Examiner UGC - Govt. / Aided
(Pl. tick the Mode of Appointment) Unaided / SF - Contract / Guest

5. Contact Numbers of the Examiner Mob.1....., Mob.2.....
Landphone(with STD code):..... e-mail id :

6. Bank details of the Examiner (Give these details with utmost care)
Name of the Bank :.....Br.....Dist :
SB A/c No :.....IFSC :
(Please Fill in the above A/c No. as Right Alligned, as given in the Bank Passbook)

7. Communication from Uty:Dated.....; Received on.....(date)

8. Details of Duty Performed as : **(Pl. tick in the appropriate circle below)**
Chairman/Chairperson Dy.Chairman/Dy.Chairperson Chief Examiner Addl.Examiner

9. Stream of the Course (mentioned above, in the heading) : Govt. Aided Unaided/SF

10. Title of the Paper/Subject (as in Qn.Paper)

11.QP code of above Paper (as in Qn. Paper) **(NB : In One Bill, One QP code ONLY)**

12.No. of Answer Papers:(a)Valued.....(.....)(b)Revalued.....(.....)(c)Checked.....(.....)
Please fill in the above no. of answerpapers in words also. Eg: 111 (one,one,one)

13.Duty days : From.....To.....(date) No.of days(to value):.....**(for this QP code ONLY**
(Date FORMAT is DD-MM-YYYY) Details of Absence, if any:

14. Camp held at **(Name of the Institution with Place)** :
Distance from your College to the CV Camp (By Road, in the shortest route) :..... Km.

15. **DECLARATION :** It is hereby certified that the data furnished in this bill is correct to the best of my knowledge & as per Uty. rules. I agree that the amount paid to me is provisional and also declare that I shall refund to the University,any amount received, which may be subsequently disallowed by Audit.

Dated signature of the
Chairman & Name

Dated signature of the Chief
Examiner & Name

Dated signature of the
Additional Examiner & Name

Revenue
Stamp
(sign
across)

Mob. No.....

Mob. No.....

Mob. No.....

XXXXXXXXXXXXXXXXXXXXXXXXXXXX **For Office Use ONLY** XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Passed for payment Rs.....(Rupeesonly

Sub Vr. No..... Vr. No..... Bill No. dtd..... Head of Account :.....

Dated signature of the Camp Officer &
Name.....

Dated signature of the Audit Officer &
Name.....

Mob. No.....

Mob. No.....

As per U.O. No.Dated.....

As per U.O. No.Dated.....