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Dated



## **DHARANIDHAR UNIVERSITY, KEONJHAR-758001**

## ---- ---- TON BULL FORM

| ଧରଣୀଧର ବି  |            | THE R   | REMUNERATIO                | N B    | ILL FURI      | <u>VI</u>       |                           |                             |  |  |
|--|------------|---|----------------------------|--------|---------------|-----------------|---------------------------|-----------------------------|--|--|
| Examination  |            |   |                            |        | Yea           | r 20            |                           |                             |  |  |
| Subject  |            |   | Paper                      |        |               |                 |                           | Theory/Practical            |  |  |
| Assign   |            |   |                            |        |               |                 |                           |                             |  |  |
|  |            |   |                            |        |               |                 |                           |                             |  |  |
| Name Designation   |            |   |                            |        |               |                 |                           |                             |  |  |
| Address  |            |   |                            |        |               |                 |                           |                             |  |  |
|  |            | Mobile No                                       |                            |        |               |                 |                           |                             |  |  |
| (1) For rates of remuneration see overleaf. (2) All elaims shall be submitted to the office within six months from the date of the execution of work (3) All payments are made subject to refund in case of audit from the date of the execution of work (3) All payments are made after the moderations are |            |   |                            |        |               |                 |                           |                             |  |  |
|  |            |   |                            |        |               |                 |                           |                             |  |  |
|  | (1) 0-     | dinarily naymant at rai                         | munaration nill to         | rnao   | ei seilina is | Siliauc         | uito.                     |                             |  |  |
| <u>over an</u>   | d the rer  | nuneration bill for exam                        |                            | Jei is |               | RATE            | 1                         | AMOUNT                      |  |  |
| SI. No   | -          | PARTICULARS OF V                                | VORKS DONE                 |        | No.           | KAIL            |                           | ₹ P.                        |  |  |
| 1.   | For Se     | tting Question Paper                            |                            |        |               |                 |                           |                             |  |  |
| 2.   |            | amining Answer Boo                              | ks                         |        |               |                 |                           |                             |  |  |
| 3.   |            | -Examining Answer                               |                            |        |               |                 |                           |                             |  |  |
| 4.   |            | actical Examination (                           |                            |        |               |                 |                           |                             |  |  |
| 5.   | For O      | al Examination / Viva                           | -Voce                      |        |               |                 |                           |                             |  |  |
| 6.   |            | abulation Work                                  |                            |        |               |                 |                           |                             |  |  |
| 7.   |            | as Chief Examiner                               |                            |        |               |                 |                           |                             |  |  |
| 8.   |            | as Moderator of Board of Paper-Setters          |                            |        |               |                 |                           |                             |  |  |
| 9.   | ı          | xamining Dissertation                           |                            |        |               |                 |                           |                             |  |  |
| 10.  | Other      | (Specify)                                       |                            |        |               |                 |                           |                             |  |  |
| 11.  | Posta      | al Expenses (Receipt to be Attached)            |                            |        |               |                 |                           | ,                           |  |  |
| 12.  | Miscell    | aneous Expenses (To be                          | e certified below)"        |        |               |                 |                           |                             |  |  |
|  |            | LAMOUNT CLAIME                                  | D                          |        |               |                 |                           | only.                       |  |  |
| Rupe   | es         |   |                            |        |               |                 |                           |                             |  |  |
| *1.  | Certified  | that I have spent                               | (Rupe                      | es     |               |                 |                           | ) Offity.                   |  |  |
| _  | owards     | niscellaneous expen<br>unt shown in this bill h | ses.<br>Jas not been claij | med    | /received     | by me e         | earlie                    | er.                         |  |  |
| 0 1  | Indortal.  | a to refund the exces                           | s amount it any t          | วลเนเ  | ome.          |                 |                           |                             |  |  |
| Bank A   | Account    | No  | IFSC Code                  |        |               | _<br>           | ınatı                     | ure of the Claimant         |  |  |
|  |            | FOR OFFICE                                      | USE                        |        |               | Sig             | Jiiau                     |                             |  |  |
|  |            | (Puppes   |                            |        |               |                 |                           | eived the amount            |  |  |
| Entitled for(Rupeesonly)   |            |   |                            |        | in            | Cash/Cheque     |                           |                             |  |  |
| only paid by Cash / Cheque No Date   |            |   |                            |        |               |                 |                           |                             |  |  |
| Checked and found correct.   |            |   |                            |        |               |                 |                           |                             |  |  |
|  |            |   |                            |        |               |                 |                           | One rupee revenue           |  |  |
| Dealing Assistant  Confidential Section  COE / Zone Officer / Exam. In Charge  |            |   |                            |        |               |                 |                           | stamp, if the amount is Rs. |  |  |
| Confidential Section COE / Zone Officer / Exam. In Orlange   |            |   |                            |        |               | 5,000/- or more |                           |                             |  |  |
| Passed   | d for Payı | nent.   |                            |        |               |                 |                           |                             |  |  |
|  |            |   |                            |        |               |                 |                           |                             |  |  |
|  |            |   |                            |        |               |                 | Signature of the Claimant |                             |  |  |
| COF Registrar  |            |   |                            |        |               |                 |                           |                             |  |  |