

THE UNIVERSITY OF KASHMIR, SRINAGAR.

Practical Examiner's Bill Form.

01. Internal/External Examiner _____
02. Subject and the Examination _____
03. Centre of Examination _____
04. Year _____ Session _____
05. Roll no's of Examinees Date wise:-

Dates: Morning Session	Afternoon Session

06. Total number of Examinees Excluding Absentees _____
07. Total remuneration @ _____ Per candidate _____
(a) Conveyance Charges@ _____ Per session _____

Name of the Examiner (in Capital Letters) _____ Designation _____

Whether Permanent/ Contractual/ Retired _____ Address _____

Mob. No. _____ E.mail _____

PAN No. _____ (16) Digits Account No. _____

IFSC Code _____ Bank/Branch details _____

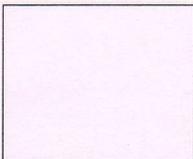
Total _____

Report of the Secrecy Section

Bill Verified for _____ Candidates

Signature of the Examiner
Designation of the Examiner

D.A. H.A. Asstt./Dy. Controller.



Received Payment, Passed for Rs. _____
Rupees _____

TWF Rs. _____ I.T. _____ Net Paid. _____

Acctt/S.Acctt.

Asstt/Dy. Reg. Accounts

Controller of Exams