PANJAB UNIVERSITY, CHANDIGARH

BILL FOR INSPECTOR OF EXAMINATION CENTRE

A) **Name** : ……

Designation : ……

Mobile No. : ……

Address : ……

Examiner ID _____

Bank Name _____

IFSC No. _____

Bank A/c No. _____

(mention bank A/c linked with examiner ID only)

B) Name of Exams & classes inspected	Exam.Centre Inspected (Name of College & Centre No.)	Date of Inspection	Session Morning or Evening
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total amount claimed Rs. _____

Please countersign here

_____

Name & signature of Team Leader verifying the bill of accompanying team member.

Note: Detail of Inspection Fee for members of Flying Squad/Centre Inspectors:-

i) Rs. 500 per session **(upto 2 centres)**; ii) Rs. 700 per session **(if more than 2centres)**

C) Appointment/Inspection assigned vide letter No. _____Dated: _____

Inspection Report/s ☐is/are attached sent☐separately.

Dated: _____

_____

Signature of the claimant

D) **(FOR OFFICE USE ONLY)**

Inspection entries made at page _____ in Inspection Record Register.

Contents at columns A to C Verified

Clerk /Sr.Asstt./O.S.C.

A.R.C.

A.R.A.

E) Head of Account _____

Pay Rs. (in Figures)_____ (in words)_____

_____ Superintendent

_____ Assistant

_____ Clerk

F) Cheque No._____

Dated :_____

A.R.A./F.D.O.

AUDIT DEPARTMENT

Pre-audited & passed for Rupees…

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Auditor SO/ACLA

Local Audit Department

Chandigarh Administration