Identification number of the Examiner ____________________________________________________________

Subject ____________________________________________________________ Title of Course __________________________________________________________________________

Examination ____________________________________________ Annual/ Bi-annual/ Supplementary Semester/ year __________________________________________________________________________

Session __________________________________ Batch __________________________________ Paper/ Course No. __________________________________________

1. Date of receipt of the answer books from the University _________________________________________

2. Date of dispatch of award rolls/ answer books to the Controller of Examinations

<table>
<thead>
<tr>
<th>Remuneration for evaluation/ re-evaluation of answer books.</th>
<th>Conveyance charges for ____ days</th>
<th>Total</th>
<th>Remarks if any</th>
</tr>
</thead>
<tbody>
<tr>
<td>No.</td>
<td>Rate</td>
<td>Amount</td>
<td>@ per day.</td>
</tr>
<tr>
<td>____</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>____</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>____</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of the Examiner (in Capital Letters) _________________________________________________________

Designation __________________________________________ Whether Permanent/ Contractual/ Retired ______

Address ___________________________________________ Mob. No. ______________________________________

PAN No. ____________________________________________ (16) Digits Account No. __________________________

IFSC Code ___________________________ Bank/Branch details __________________________________________________________________________

Revenue Stamp Worth Rs.2/- Should be affixed ______________________________________________________

Received Payment __________________________________ Entries made above are attested __________________________________________________________________________

Signature of the Examiner/ Head Examiner (if any) __________________________________________________

Note:- No bill will be entertained without affixing revenue stamp worth Rs.2/-

Report of the Transit Section

The examiner has evaluated / re-evaluated __________________________ Scripts

The conveyance charges due for __________________________ days allowed.

The contingent expenses amounting to Rs. __________________________ Sanctioned.

Dealing Asstt. __________ Head Asst. __________ Section officer __________ Asstt/ Dy. Controller Exams. __________

Bill passed for Rs. __________________________ (in words) __________________________________________________________________________

By debit to IIIrd Examination, 1. Remuneration to examine rand Q.P. Setters. 2. Re-Evaluation of Answer script & credit to

TWF: __________ IT: __________ and pay net Rs. __________________________ (Rupees) __________________________________________________________________________

_________________________________ Accountant ____________ Sr. Accountant ____________ Asstt/ Dy. Registrar (Accounts) ____________ Controller of Examinations ____________