884-3000-1-2012

GUJARAT UNIVERSITY

02\Accounts\A3_Hisab.pm1

Consolidated Bill for remuneration payable to †Lab.Supervisors, Expert Assistants, Lab. Assistants, Hamals, etc., engaged for conducting the Practical Examination

Centre _____ Place _____

Practical Examination in _____ *(Subject)*

Examination _____ of *March/April / Oct./Nov. 20 .

*Strike off whichever in not applicable.

Dates on which the Practical were held } Dates Time Practical ..... to .... to .....

Number of Students in each Batch

*Duration of Practicals } 4 hours or less per day / more than 4 to 7 hours per day / Two practicals per day

Sr.	Name	Designation	No. of Days of Preparation Total Days	Dates	No. of Days of Practicals Total Days	Dates	No. of Days of Cleaning Total Days	Dates	Total No. of days claimed	Rate per day/batch/practical as may be applicable (Please refer to Scale of Remuneration)	Total Amount claimed Rs.	P.	Paymant Received Signature (Please affix revenue stamp whenever the amount exceed Rs. 5000/-)
1										Rs. for days of Preparation Rs. for days of Practicals Rs. for days of Cleaning			
2										Rs. for days of Preparation Rs. for days of Practicals Rs. for days of Cleaning			
3										Rs. for days of Preparation Rs. for days of Practicals Rs. for days of Cleaning			
4										Rs. for days of Preparation Rs. for days of Practicals Rs. for days of Cleaning			
5										Rs. for days of Preparation Rs. for days of Practicals Rs. for days of Cleaning			
6										Rs. for days of Preparation Rs. for days of Practicals Rs. for days of Cleaning			
7										Rs. for days of Preparation Rs. for days of Practicals Rs. for days of Cleaning			
8										Rs. for days of Preparation Rs. for days of Practicals Rs. for days of Cleaning			
9										Rs. for days of Preparation Rs. for days of Practicals Rs. for days of Cleaning			
10										Rs. for days of Preparation Rs. for days of Practicals Rs. for days of Cleaning			
										Total Rs.			

Date _____

Certified that the above mentioned persons rendered assistance to us as mentioned against their names at the Practical examination referred to above for number of days mentioned against their names inclusive of days of preparation and cleaning up.

PASSED FOR RS. .....

Rs. (in words) .....

Date ..... 20 .

_____

_____

Examiners

Chief Account Officer Controller of Examinations
Gujarat University.

N.B.– For each separate subject, a separate consolidated bill may please be prefrred. Payment of this dated consolidated bill will be made by Cheque through the Principal of the College concerned.

Please attach certificate of the Principal, authorizing appointment of Laboratory or Workshop Supervisor.

Please enclose practical programme copy.

{P.T.O.

GUJARAT UNIVERSITY

..... Examination March/April / October 201 .

Subject : ..... Centre : .....

Place of Examination (Name of College) .....

ATTENDANCE REPORT OF CANDIDATES AT THE PRACTICAL EXAMINATIONS

(To be submitted in DUPLICATE along with mark-list in Separate Cover)

Full Name of Examiners

....

....

....

Date of the Practical examination and time	Total No. of candidates called for examination Seat Nos. From ..... to	Total No. of candidates present at the examination on the dates allotted to them	Seat Nos. of candidates examined out of turn	Seat Nos. of candidates who were absent

(Examiner's Signature) .....

Date : ..... (,,) .....

(,,) .....

(,,) .....

(,,) .....

(,,) .....

(,,) .....