



ಅಕ್ಕಮಹಾದೇವಿ ಮಹಿಳಾ ವಿಶ್ವವಿದ್ಯಾನಿಲಯ, ವಿಜಯಪುರ

ಪರೀಕ್ಷಾ ಮೇಲ್ವಿಚಾರಣೆಯ ಬೆಲೆ ಪಟ್ಟಿ

ರಸೀದಿ ಕ್ರಮಾಂಕ.....

ಚೆಕ್ ಕ್ರಮಾಂಕ.....

ದಿನಾಂಕ.....

ಪೂರ್ಣ ಹೆಸರು.....

ಕೆಲಸದ ವಿವರ (ಕಿರಿಯ/ಹಿರಿಯ ಮೇಲ್ವಿಚಾರಕ).....

ಪರೀಕ್ಷೆಗೆ ಸಂಬಂಧಿಸಿದ ಕೆಲಸ ಮಾಡುವ ಫ್ಯಾಕ್ಟೋಟಮ್.....*ವಿಷಯ.....

ಪರೀಕ್ಷೆ ನಡೆದತಿಂಗಳು.....ವರ್ಷ.....

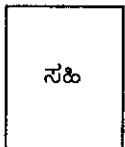
ಪರೀಕ್ಷಾ ಕೇಂದ್ರ.....ಮಹಾವಿದ್ಯಾಲಯ.....

ಬೆಲೆ ಪಟ್ಟಿ ವಿವರಗಳು

**ಪೂರ್ತಿ ಕೆಲಸ ಮಾಡಿದ ದಿನಗಳು/(ದಿನಾಂಕಗಳು)		**ಅರ್ಧ ಕೆಲಸ ಮಾಡಿದ ದಿನಗಳು/(ದಿನಾಂಕಗಳು)		ರೂ.	ಪೈ.
೧		೧			
೨		೨			
೩		೩			
೪		೪			
೫		೫			
೬		೬			
೭		೭			
೮		೮			
೯		೯			
೧೦		೧೦			
೧		೨			
ಕೆಲಸದ ಪೂರ್ಣ ದಿನಗಳು	_____	ಕೆಲಸದ ಅರ್ಧ ದಿನಗಳು	_____	ಒಟ್ಟು ಕೆಲಸ ಮಾಡಿದ ದಿನಗಳು	_____
ಮೊತ್ತ ಅಕ್ಷರದಲ್ಲ ರೂ.....					

ವಿಳಾಸ.....

ಹಣ ಸಂದಾಯವಾಗಿದೆ.



ಖರ್ಚು.....

ಸಹಿ

ಪರೀಕ್ಷಾ

ಕಿರಿಯ ಮೇಲ್ವಿಚಾರಕರು

ತಪ್ಪುಗಳನ್ನು ಮಾಡಿದವರು ರುಜು.....

ಐ.ಐ.ಪಿ.....

ಪುಟದಲ್ಲಿ ನೋಂದಾಯಿಸಲಾಗಿದೆ.....

ಪ್ರಾಚಾರ್ಯರು

ಹಿರಿಯ ಮೇಲ್ವಿಚಾರಕರ ಸಹಿ

ದಿನಾಂಕ.....

ಪಾಸು ಮಾಡಲಾಗಿದೆ ರೂ.....ಪೈ.....

(ಅಕ್ಷರದಲ್ಲಿ) ರೂ.....

ಅಧೀಕ್ಷಕರು

ವಿತ್ತಾಧಿಕಾರಿಗಳು

ಹಣಕಾಸು ವಿಭಾಗ

ಅ.ಮ.ವಿ. ವಿಜಯಪುರ

* ಪ್ರಯೋಗ ಪರೀಕ್ಷೆಯ ವಿಷಯ ನಮೂದಿಸಬೇಕು. ** ಎಲ್ಲ ಮಾಹಿತಿ/ವಿವರ ನಮೂದಿಸಬೇಕು.

Sl. No.	Name of the Persons	Address	Kinds of work done on days Examinations	Month & Date	Kinds of work done before & after days Examinations	Month & Date	Total No. of days (Col 5+7)	Rate per Day	Total Amount Due	Signature for Payment received	Remarks regarding days
1	2	3	4	5	6	7	8	9	10	11	12

Note :

1. The bill should be forwarded to the Finance Officer, with a covering note stating clearly whether amount of bills is to be paid or adjusted against advance.
2. Strike which is not applicable.
3. Half days to be specified accordingly, in column 12.
4. half rates payable to be specified accordingly

Certified correct, The amount claimed in the above bills may be paid to

1. The persons mentioned in the bills.
OR
2. The principal (Name of the College) _____
for disbursement to the persons mentioned in the bills.
OR
3. The senior Supervisors (Name & Address) _____
_____ who has already paid the amount to the persons mentioned in the bills.
OR
4. The amount is to be adjusted against the above of Rs. _____ received from the University on _____

Signature of the Sr. Supervisors : 1. _____
2. _____ 3. _____

Date _____



AKKAMAHADEVI WOMEN'S UNIVERSITY, VIJAYAPUR

FORM 'A'
(in Duplicate)

Name of the Examination.....

Centre : (mention College Name here).....

Centre Code.....Block No. :.....

Date.....Time.....

Subject.....

Title of the Paper.....

Reg. Nos (alloted to the Block) From.....To.....

CANDIDATE'S REG. NUMBER WHO ARE PRESENT

REGISTER NUMBER OF ABSENTEES

Total No. of Candidates Absnt :.....

Total Number of Answer Books in the Cover.....

Signature of the Senior Supervisor

Note : One copy of this form shall be sent along with the bundle of
answer Books of each block.

AKKAMAHADEVI WOMEN'S UNIVERSITY, VIJAYAPUR

Ph: 08352-240551/2

To be forwarded to the Registrar (Evaluation) Karnatak State Women's University, Vijayapur in Separate in a Cover Superscrided "Remuneration Bill" Simultaneously with the despatch of marks list.

REMUNERATION IN RESPECT OF THE UNIVERSITY EXAMINATION HELD IN THE MONTH OF.....20.....

Name of Examiner.....Address to which Cheque may be sent

Sl. No.	Name of Examination	Subject and Paper	Duration of the Paper	Amount for Setting Paper	For Valuation of Papers						Total of Cols. 5&8	Chairman's Fee	Total Amount Claimed (Total of Cols. 9&10)			
					No. of Papers Valued		Rate		Total							
1	2	3	4	5	6		7		8		9		10		11	
					Rs.	Ps.	Rs.	Ps.	Rs.	Ps.	Rs.	Ps.	Rs.	Ps.	Rs.	Ps.

Received Rupees (in words).....

Certified that the total remuneration for March/April/September/October Examination drawn by me (Including the amount claimed in this bill) does not exceed the prescribed limit.

Bills remuneration of examiners for work done in connection with the examinations will be passed only after the results are published by the university. The maximum remuneration to examiners in the university shall nor exceed Rs. 3000/- per annum for all categories of examiners.

The maximum is irrespective of the quantum of work done by the examiners. The maximum fixed however shall not be included remuneration Chairmanship.

Countersigned

Space for Stamp
Signature of Examiner

Registrar (Evaluation)
Karnatak State Women's University

PTO

Note: The following columns shall be filled in by the Examiners of Practical Examination before forwarding the bill to the Registrar (Evaluation)

MEMORANDUM OF WORK DONE WITH REGARD TO PRACTICAL EXAMINATION

Examination	Institution	Details regarding setting of Paper conduct of exam. etc.

Date.....20.....

.....
Signature of the Examiner or
Asst. Examiner

(For use in the University Office)

**OFFICE OF THE FINANCE OFFICER
KARNATAKA STATE WOMEN'S UNIVERSITY**

Head Service.....

Passes for Payment by cheque on the.....

.....Bank / Treasury.....

for Rs.....Rupees.....

in favour of.....

Superintendent

(FINANCE OFFICER)

