

UNIVERSITY OF PUNE

EXAM.

LOCAL CONVEYANCE ALLOWANCE BILL

[For Examiners, Paper-Setters, Moderators, Sr. Supervisors etc.]

Attendance/Payment Register Page No. C.B.F. Vr. No.
 T. A. Check Register Page No. Cash/Cheque No.
 Budget Head : Date :
 Code No.

- Note :** (1) All entries in this form should be filled in before claiming payment.
 (2) The Paper-setter/ Examiner / Moderator should get this bill countersigned by the Dy. Registrar, Examinations and also by the Chairman / Sr. Examiner / Sr. Moderator/Sr. Supervisors.
 (3) Claims preferred beyond six months from the date on which it was due but upto one year only may be entertained for payment, if otherwise admissible, with a deduction of 5%. No claim shall be entertained after the period of one year.
 (4) The bill should be Stamped and Pre-receipted in advance.

Name of the person :
 (In block letters beginning with Surname)

Name of the College (where serving) :

*Local conveyance allowance bill as Paper-setter / Examiner/ Moderator/Sr. Supervisor at
 examination in held at in March/October 200 ..
 (subject) (centre)

	Amount	
	Rs.	P.
* (1) For attending a meeting for paper-setting/practical Exams. from to at (date) (date) (place)		
* (2) For attending a meeting for setting the mark-list from to at (date) (date) (place)		
* (3) For attending the meetings of the moderation work/Sr. Supervisor from to at (date) (date) (place)		
My Registered address is as follows (Please quote name of the college if he is an employee of the college) : Total Rs.		

Address at which the amount is to be sent :

 Signature :
 Date :

*Certified that the Paper-setter/Examiner / Moderator / Sr. Moderator / Sr. Supervisor preferring this claim was present at the meeting/s as stated above.
 *It is further certified that the moderation work is now over.
 Subject :
 The number of candidates registered for the above examination is

..... Chairman/Sr. Examiner/Sr. Moderator/Sr. Supervisor
 Dy. Registrar (Exams.)

Budget Head Code No. Received payment To be stamped & receipted in advance. <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 60px; text-align: center;"> Revenue Stamp if over Rs. 500/- </div> Signature across the above stamp is required. *Strike out which is not applicable.	Passed for payment for Rs. P. (Rupees) Date : S.O. (Bills) S.O. (Audit) F.O./D.F.O. A.F.O.
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