General Bill Register	<b>REMUNERATION BILL FORM</b>	No	BE-06
Sr. No	Faculty :		Form CAP
Payment Register Page No	Science and Technology Humanities Commerce and Management Inter-Disciplinary Studies	Voucher No Date of Dispatch :	
Note: 1) All Entries in	n this form must be filled in by the persor	n preferring the Bill. Fo	rms in which

any entry is left blank will be returned for completion to the person preferring the bill. 2) Bill must be pre-receipted.

## PUNYASHLOK AHILYADEVI HOLKAR SOLAPUR UNIVERSITY, SOLAPUR

CLASS:	EXAMINATION, March / April / October, 20	

**N.B.:** In case where the same Examiners are appointed to examine at more Examination than one or in more subjects than one, a separate bill should be made out in the respect of each such examination or subject.

Full Name	Surname	First Name	Father / Husband's Name

Co-ordinator / Director / Examiner / s in Subject: \_\_\_\_\_

at the class: Examination of April / October, 2		_ Examination of April / October, 20	·
A) Remuneration to Examiners	6		₹
1. Examining / Moderation		Answer paper / Section @	
₹ per paper /	Section.		
2. Moderation			
3. Minimum Remuneratio	on		
B) Remuneration to Central	Assessment St	aff	
1. Co-ordinator	₹	Per day fordays	
2. Director	₹	Per day fordays	
3. Clerk	₹	Per day fordays	
4. Peon / Waterman	₹	Per day fordays	
5.			
Received payment (Signature	e & Date)	Grand Total `	
			E. & O.E.
BANK DETAILS FOR ONL	INE PAYMENT	I have not claimed this bill before	
Name of Bank :		Signature	

Name of Branch : Account Number : IFS Code: PAN :	Rupees (in words)	Passed for ₹ Rupees (in words)	
·////	Date :		
Address:			
Co-ordinator / Director Central Assessment Centre	Examination	Faculty of	
Checked	Asst. Registrar (CAP – Exam)	Dy. Registrar (Exam)	
Section Officer (Accounts)	Asst. Registrar (Accounts)	Dy. Registrar (Accounts)	
Director Board of Examination & Evaluation	Finance and Accounts Officer	Vice-Chancellor	

\* Per day ₹ 450/- CAP Director & In charge