



மனோன்மணியம் சுந்தரனார் பல்கலைக்கழகம்

Claim on the MANONMANIAM SUNDARANAR UNIVERSITY, Tirunelveli by

Thiru / Tmt & Selvi : \_\_\_\_\_

(IN BLOCK LETTERS)

Date	PARTICULARS	Amount	
		Rs.	Ps.
	(Rupees in words) _____ _____		

Station

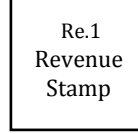
Date

Address

E.E Contents Received

Countersigned

Signature and Designation



Signature



Separate forms Should be used for setting work and valuation work

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**MANONMANIAM SUNDARANAR UNIVERSITY**

Bill Passed for

Rs.

Memo of work done in connection with setting Question Papers/ Valuing Answer papers for the

Examinations of \_\_\_\_\_ 202

Examination and Subject	WRITTEN EXAMINATION						PRACTICAL AND VIVA EXAMINATIONS						Total			
	No. of		Remuneration				Prescribing work (No. of Batches)	No. of Candidates		Remuneration for						
	Question Paper set	Answer Paper set	For Setting		For Valuing			Prescribing Work		Conducting Superintending and Valuing		Preparing for the Examination				
			Rs.	Ps.	Rs.	Ps.		Rs.	Ps.	Rs.	Ps.	Rs.	Ps.	Rs.	Ps.	

A Revenue STAMP Should be affixed to the Bill When the amount exceeds Rs. 5,000/-

- It is certified that I am entitled to a minimum fee of Rs. 30/- or Rs. 50/- for the examination period January to June I July to December as I am not entitled for any other remuneration for the examination work during this period.
- It is certified that I have restricted my remuneration to the maximum of Rs. 10,000 /- for all the examination work done and Rs. 2,000/- for setting the Question papers for the examination period January to June/ July to December.

NOTE :

- Strike out which is not applicable.
- The Bill should be countersigned by the Chairman / Chief of the Board.

Name and Official address  
(in block letters)

Station

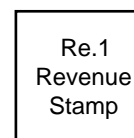
Date

Name of the Chief  
Exr.

(in block letters)

\_\_\_\_\_ Pin Code \_\_\_\_\_

Countersigned ( Chief/ Chairman)



Signature

ACCOUNT

No.F

Voucher No

Received from Registrar, Manonmaniam Sundaranar University, Tirunelveli a sum of

Rs.....(Rupees.....) in payment of

.....  
.....

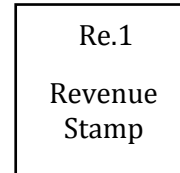
Station

Date

Paid by Me .....

Signature of .....

Disbursing  
Officer



Signature

Name  
Address

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N.B Revenue Stamp for Re.1 /- should be affixed. If the amount exceeds Rs.5000/- but no stamp be ifthe bill presented for payment was duly stamped.

Note: The payment is made subject to audit by the Director of Local Fund Audit, Chennai at the endof financial Year.

**MANONMANIAM SUNDARANAR UNIVERSITY**  
**TIRUNELVELI**

April 202 / November 202 CENTRAL VALUATION CLAIM BILL FORMAT FOR EXAMINERS

Name of the Examiner :  
Address of the Examiner :

T.A / D.A :

REMUNERATION :

Total Claim Amount :

Payment will be made through NEFT Transfer only. Kindly furnish the following information in Capital letters of NEFT payment towards Remuneration.

S.B Account No.	
I.F.S.C No.	
Name of the Bank & Branch	
Name of the Account Holder	
Mobile No.	

Note :

1. Please enclose the copy of the Front Page of your Bank Pass Book without fail.
2. If any information furnished by you is wrong or any missing the University will not be held liable for the delay in credit of respective amount.

**Signature of Examiner**