RAJIV GANDHI PROUDYOGIKI VISHWAVIDYALAYA, BHOPAL- 462 033

BILL FOR PAYMENT OF CONVEYANCE ALLOWANCE

FOR OBSERVER

The Claim of Travelling bill for the observer duties of theory/practical examination held in the month of ..... year..... academic session.

Name ..... Designation .....

Address ..... Mob. No. .....

Bank A/C No. ..... Name of Bank ..... IFSC Code .....

Pan No. ..... Vehicle No. .....

S.No.	Object of Travelling	Date of Examination	Duties of College Code	Rate of per day	Total Amount Claimed

Rs. In words ..... Grant Total .....

Total Claim Rs. .....

(I ..... (Name) hereby certify that :

1. I have not received T.A./D.A. from any other sources for this travelling.
2. The claim has been preferred for the first time.
3. The claim is with limitations of Ordinance
4. In case the amount paid by the nodal centre is reduced by the RGPV, I undertake to refund the excess amount paid by the RGPV.

RECEIVED PAYMENT

Signature of Claimant Signature of Claimant Signature of Claimant

Certified that the claimant has attended the above Travelling & that he has not been paid C.A. previously on this account Payment verified for Rs. ..... (Rupees .... only)

Controller (Exam)

Passed for payment for Rs. .....(Rs. ..... Only)

Co-ordinator

Passed payment for Rs. ..... (Rs. ..... Only)

Under head .....

Accountant	SO	AR/DR	CF
RGPV	RGPV	RGPV	RGPV

Paid by Cheque Rs. .....(Rupees ..... only)

Accountant

RAJIV GANDHI PROUDYOGIKI VISHWAVIDYALAYA, BHOPAL- 462 033

REMUNERATION BILL

FOR OBSERVER/FLYING SQUAD

Bill for the observer/flying squad duties of theory/practical examination held in the month of ..... year..... academic session.

Name ..... Designation .....

Address ..... Mob. No. .....

Bank A/C No. ..... Name of Bank ..... IFSC Code .....

Pan No. .....

To,

The Controller Exam,
RGPV, Bhopal.

Sir,

I submit my bill of remuneration for the work done by me as under, payment of which may be made to me at your earliest convenience.

ASSINGMENT : OBSERVER/FLYING SQUAD

S.No.	Duties of College Code and Name	Date of Examination	Number of Shift Ist or IInd	Rate per shift	Total Amount Claimed
Rs. In words				Grant Total	

Certified that the claim has been preferred for the first time in accordance with the schedule of remuneration approved by R.G.P.V., Bhopal

Received payment signature (Revenue Stamp) Signature of Claimant with date

Certified that above exam work has been done at this institution, and the bill has been checked and found correct of dates.

College Supdt./Principal

Certified that the claimant has done the work assigned by the R.G.P.V. for which the bill has been preferred.

Sign. S.O. (Exam) Sign. Controller Exam Sign. Registrar

Passed for payment of Rs. ..... Rupees..... Only)

Accountant

Paid by Cheque No. ..... Date .... Bank SBI/UBI, Bhopal for ..... Only)

Cashier ..... Accountant .....