



# GUJARAT AYURVED UNIVERSITY, JAMNAGAR

## Examination Branch

( ALL DETAILS TO BE GIVEN IN CAPITAL LETTERS ONLY )

Remuneration bill for member of committee of \_\_\_\_\_

Name of Examination \_\_\_\_\_

Name :- \_\_\_\_\_

( Should be mentions as per Bank Account ) Cell No. \_\_\_\_\_

Bank Account Number :- \_\_\_\_\_ Bank IFSC Code :- \_\_\_\_\_

Bank Name with Branch :- \_\_\_\_\_

Residential Address :- \_\_\_\_\_

Name of Collage :- \_\_\_\_\_

Subject :- \_\_\_\_\_

Year of Examination :- \_\_\_\_\_

Date of Meeting from \_\_\_\_\_ to \_\_\_\_\_

Days of Working / Number of Paper set/s prepared \_\_\_\_\_

Remuneration per day / paper set Rs. \_\_\_\_\_

Total Remuneration Rs. \_\_\_\_\_

Date :-

Signature of the Member

### For Examination Branch

The sanction of above work is given by \_\_\_\_\_ Committee on dated \_\_\_\_\_ and noted in Bill Register Page No. \_\_\_\_\_

Clerk

Sr. / Head Clerk

Controller of Examination  
Gujarat Ayurved University  
Jamnagar.

Date :-

### For Account Section

Above Bill of Rs. \_\_\_\_\_ in word Rs. \_\_\_\_\_ is hereby sanctioned.

Clerk

Accountant

Account Officer / Chief Account Officer