2

No.F **Account** Voucher No.

Received from Registrar, Manonmaniam Sundaranar University, Tirunelveli, a sum of Rs .....(Rupees ..... by Cash / Cheque .....

in payment of .....

.....

Station .....
Date .....
Paid by me .....
Signature of Disbursing Officer .....

Re.1 Revenue Stamp

Signature
Name .....
Address .....

N.B. Revenue Stamp for Re. 1/- should be affixed, If the amount exceeds Rs. 5000/- but no stamp be if the 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

2 A

Sparate forms Should be used for setting work and valuation work

மனோன்மணியம் சுந்தரனார் பல்கலைக்கழகம்

MANONMANIAM SUNDARANAR UNIVERSITY

Memo of work done in connection with setting Question Papers / Valuing Answer Papers for the Examinations of _____ 200

Bill Passed for Rs.

Examination and Subject	WRITTEN EXAMINATION						PRACTICAL AND VIVA-VOCE EXAMINATIONS								Total	
	No. of		Remuneration				Prescribing work (No.of Batches)	No. of Candidates		Remuneration for						
	Question Paper set	Answer Papers Valued	For Setting		For Valuing			Examined (Conducting Superintending and Valuing)	Registered (Preparing for the Examination)	Pre-Scribing work		Condcuting 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/-

i) it is certified that I am entitled to a minimum fee of Rs.30/- or Rs.50/- for the examination period January to June / July to December as I am not entitled for any other remuneration for the examination work during this period.

ii) 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: 1. Strike out which is not applicable.
2. The Bill should be countersigned by the Chairman / Chief of the Board.

Name and official address _____
(in block letters) _____

Station _____
Date _____ _____ Pin Code : _____

Name of the Chief Exr.
(in Block letters)

Countersigned (Chief / Chairman)

Re. 1 Revenue Stamp

Signature