ANNEXURE -I

DEVI AHILYA VISHWAVIDYALYA, INDORE

Department/School/Centre _____

REMUNERATION BILL

Voucher No. …….

Code no.		Year		Registration No.					

From,

Name (In Capital Letters)

Designation & Permanent Address

Mob No. PIN

Bank Name& Address

Bank A/c No.

IFSC Code No PAN

AADHAR No.

To,
The Registrar,
Devi Ahilya Vishwavidyalya, RNT Marg, Indore (MP)
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.

Assignment	Name of Examina -tion (Main/ Suppl)	Subject & Paper	Number of Examinees/ Registered	No. of absentee at the centre	No. of student actually Examined	Rate of Remune -ration	Total Amount Claimed
Setting of Question paper							
Valuation of Answer book							
Revaluation of Answer book							
Supervising the work of Co-examiner							
Practical/Exam at Centre							
Coding/Decoding							
Tabulation/Checking							
Postal charges etc. Receipt to be encl.							
Honorarium							
Other							
Deductions TWF 4%/ IT/TDS							

Amount in words (……..…….)

Certified that the claim has been preferred for the first time in accordance with the schedule of remuneration approved by DAVV, Indore.

Received payment signature

Signature of claimant with date

Date : ……
Place : ……..

Certified that the claimant has done the work assigned by the DAVV. For which the bill has been preferred.

Verified by (Name)

For use in the University Office

Total remuneration claimed Rs. ……
Deduction as per below :
Paid Rs. ……by cheque No./Bank Transfer
Rs…….
Net Total Rs. …… Pass for Rs. …… on account of remuneration

Date …… Dealing Asstt. Superintendent