CLAIM FOR SUPPLEMENTARY EXAMINATION

Name of the Faculty	:	
Designation	:	
Staff No.	:	
Department	:	
Course Code and Title	:	
Date and Time of examination held	:	
No. of students attended for the supplementary examination (list of students to be enclosed)	:	
Remuneration for question paper setting (Rs. 1000/- per Question Paper)	:	_____ No x 1000 = Rs._____
Valuation of answer script (Rs. 30/- per Answer script)	:	_____No x 30 = Rs._____
Total amount claimed	:	(Rupees_____)

Account Number	:	
Bank	:	
Branch	:	
IFSC Code	:	
PAN Number	:	

Signature of Faculty	:	
Head of the Department	:	
Dean (Academic)	:	

For office use

Passed for payment of Rs. _____ (Rupees_____
_____only)

**Assistant   Superintendent   Deputy Registrar   Registrar   Director
(Accounts)**

Debit head: _____ A/c No: _____

Voucher No : _____

Cheque No : _____ Date : _____

Deputy Registrar (Accounts)   **Registrar**