

KRISHNA UNIVERSITY

Prof.D.Suryachandra Rao
Controller of Examinations (i/c)



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No.KU/UG Exams/2012

Dt.26-03-2012

C I R C U L A R

All the Observers of UG I & II year Examinations are requested to submit their work done report and remuneration bills as per the formats attached herewith on or before 28-03-2012.

CONTROLLER OF EXAMINATIONS (i/c)
Controller of Examinations
Krishna University-521 001.

Copy to:

The individuals
The Registrar's table
The Vice-Chancellor's table
File

NAME OF THE A/C: VR. NO: HEAD OF THE A/C: DATE:

KRISHNA UNIVERSITY :: MACHILIPATNAM – 521 001
TRAVELLING AND DAILY ALLOWANCE CLAIM BILL

Name of the Claimant :

Designation and Address to which :

Cheque should be sent

Purpose of the Visit :

Headquarters as notified to the Registrar :

Mode of travel	Date & Time of Departure	Number of Kms. Traveled	Details of place/s visited		Date & Time of arrival	Amount claimed	
			From	To		Rs.	Ps.
1. Railway Journey (a) To _____ class railway fare (b) To _____ class railway fare							
2. Road Journey (a) To fare (b) To fare							
3. Mileage Allowance							
4. To Day/s Daily Allowance at Rs. per each day spent at the place of visit to conduct University business as certified below.							
5.							
6.							
Lr. No. & Date in support of this claim	Date/s of visit	Nature of Business					
Rupees in words						TOTAL	
..... Only)							

V.C.'s orders dated: Scale of Pay:

Received payment. I certify that I have not availed any concession and that I traveled in _____ class for which I submitted claim. I certify that this is the first time I am submitting this claim and that I did not draw T.A./D.A. for the above journey from any other source and that I was not provided with free boarding and lodging. I agree to refund to the University any amount that is not passed out of the sum received by the Audit Officer, State Audit at the time of audit of the accounts.

Station:

Date :

Signature of the Claimant

(FOR OFFICE USE ONLY)

Certified that the above claim is in order and the bill is passed for payment.

Paid

In cash

By Cheque No.

Passed for Rs.....

(Rupees

Rs. Dt

REGISTRAR

REGISTRAR



**KRISHNA UNIVERSITY
MACHILIPATNAM**

REMUNERATION BILL FOR OBSERVERS

Name :
Designation :
Institution :
Scale of Pay :
No of days of visit :

DA* : _____ x Rs _____ per Day = Rs _____/-

Remuneration* * : _____ x Rs _____ per Day = Rs _____/-

Total = Rs _____/-

Rupees in figures _____ and in words _____

Signature of the Observer member
With Date