



VARDHAMAN MAHAVEER OPEN UNIVERSITY, KOTA

CLAIM OF EXAM CONTROLLER FOR RS-CIT EXAM

Remuneration Bill

RSCIT Exam Batch :

Centre Details:

1. Name of Examination Center :
2. Address of Examination Center. :
3. Examination Center Code :
4. Name of Center Head :
5. Exam Start Date: 6. Exam End Date :

Exam Controller Details:

7. Name of Examination Controller :
8. Address of the Examination Controller :
9. Mobile No : Phone No.:

10. (A) Remuneration

Total No. of Days including one briefing day	@ Rate Rs. 200/- per Day	Total amount claimed

(B) T.A. Details:

S. No.	Date of the Journey	Name of Source Station	Name of Destination Station	Distance	Actual Bus/Train Fare(2 nd class)	Local Conveyance	Total

12. Total Amount Claimed (Remuneration+T.A.) (in figure) :

(In words):

13. Bank A/C Details of Exam Controller
 - (a) Bank A/C No. :
 - (b) Name of Branch :
 - (c) RTGS Code :

Declaration by the Controller:

Certify that above claim is bonafied and I have no objection to any changes in this claim as per the norms of VMOU, Kota applicable from time to time.

Signature of Examination Controller

Declaration by the Exam Center head:-

Certify that Mr./Mrs./Ms.....has worked as examination controller for RSCIT(VMOU) Examination Batch.....he was present at our exam centre from.....to.....

Seal of Center

Sign. of Center Head

Paid by Cheque:
Dated.....Section Officer

Pay Rs.
Net Amount Payble.....

Note :- 4% Amount from remuneration will be deducted towards Staff Welfare Fund by the University.