



Viva Remuneration Form

Name of Claimant _____ Designation _____ BPS. _____

College/Institute _____ appointed by the Controller of Examinations / Head of Department

as _____

DETAILS OF THE BILL

Department/Program: _____ Subject: _____ Semester: _____

No. of Candidates _____ Amount: _____ @Rs.50/- each

Account No. _____ Mobile No. _____

Signature of the claimant _____

(FOR OFFICE USE)

Dealing Asstt. _____

ACE/DCE _____

Voucher No/Date. _____

Cheque No/Date. _____

Controller of Examinations