



# 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 <sup>nd</sup> 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.