Voucher No……..

VARDHAMAN MAHAVEER OPEN UNIVERSITY, KOTA

CLAIM OF EXAMINATION CENTER CHARGES FOR RS-CIT EXAM

1. Name of Exam Center……
2. Address of Exam Center…….. ……
3. Center Code
4. Exam Batch
5. Exam Dates Start Date End Date
6. Name of Exam Controller
7. Name of Center Head
8. Name of Center Coordinator
9. No of Examinee alloted

S. No	Particulars	Days	Rate	Amount
1	**Remuneration Charges**			
A	Center Head		150 Per Day	
B	Examination Coordinator		150 Per Day	
C	Supervisior		75 Per Day	
D	Peon		50 Per Day	
1	Other Misc Charges			
A	Refreshment /Stationery		100 Per Day	
B	Facility Utalisatiion Charges		25/- Per Examinee alloted	
			Total	

Certificate

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

Center Head/Coordinator

Seal of Center

Receipt

Received a sum of Rs -------- for conducting RSCIT Exam in the month of ------- from VMOU, Kota

Center Head/Coordinator Seal of Center

Place
Date