

B.Sc. / B.Sc. Comp.  
M.Sc. / M.Sc. Comp.  
B.Sc. Applied Biotech.  
B.Sc. Applied Wine Tech.

# UNIVERSITY OF PUNE

C.A.P. (in) .....  
Examination Oct./April 200

Code No. ....

Date of Assessment : .....

Examiner's (1) Name : .....

(2) Signature : .....

No. of Answer-books : .....

Examination : .....

Subject & Date : .....

Received  
and  
Checked by ] .....  
.....  
(Name and Signature)

# University of Pune

## Certificate No. 1

### Certificate of Verification of Marks to be signed by Examiner

(To be attached to the Mark-sheets to which it relates.)

I hereby certify that I have verified the entries of marks in the mark-sheets with the entry of marks in the answer-book/practicals in the subject of ..... at the..... Examination of April/October200 and have found them to be correct.

I further certify that the totals entered in these mark-sheets have been checked by me and have been found correct. The Total No. of answer-papers/sections/practicals assessed by me is ..... only.

The No. of candidates who have answered in Marathi is .....

The No. of candidates who have answered in English is .....

Place : .....

.....  
(Signature in full)

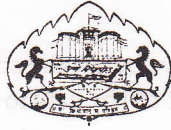
Name of the Examiner .....

Date : .....

Examiner in .....

at the ..... Examination.

# UNIVERSITY OF PUNE



Exam./XC/

Date :

To,

The Chairmen, Paper-setters/Examiners/Moderators  
at the University Examinations.

**Subject :—Request for a Certificate and a Receipt in Advance.**

Sir / Madam,

I am to request you to forward to the Chairman the Certificate in 'Form A' and receipt in advance in 'Form B' as given on the reverse, duly signed and completed in all respects. While completing the form 'A', please strike off which is not applicable. This will enable the Chairman to attach the same to the joint bill to be claimed by him for self and on behalf of all his colleagues for onward submission to the University Office.

On receipt of the required certificate duly completed and signed and also the advance receipt duly stamped and signed, payment of remuneration due to you as included in the joint bill can be effected without delay.

Your's faithfully,

Controller of Examinations  
University of Pune.

- [N.B. :— (1) This letter is to be returned to the Chairman after filling the certificate and advance receipt on the reverse.
- (2) The Chairman has also to submit his certificate and receipt in advance along with those of his colleagues.]

[P.T.O.]

Sir,

In response to your letter on the reverse, I give below the certificate in form 'A' and receipt in advance in form 'B' as desired. Remuneration due as per joint bill be paid to me by cheque. Necessary details are as under.

Yours faithfully,

Please note that I have assessed/examined ..... answer-books/Students.

.....  
(Signature)

**FORM 'A'**

**Certificate**

Name : .....  
(in Block Letters beginning with Surname)

Paper-setter / Examiner / Moderator in ..... Theory / Practical  
(Subject)

at ..... Examination/s held in April / October 200

Full address on which Cheque } .....  
for remuneration is to be sent } .....

Name of the College (where serving) .....

Certified that :

\* (a) I have not been appointed as a Paper-setter/Examiner/Moderator at any other examination/s of the University of Pune in this same season, except the above examination/s for which remuneration is due to me.

\* (b) I have also been appointed as a Paper-setter/Examiner/Moderator at the following examination/s of the University of Pune in the same season :

	<i>Examination</i>	<i>Subject</i>
(1)	.....	.....
(2)	.....	.....
(3)	.....	.....

.....  
(Signature)

Paper-setter / Examiner / Moderator.

\* Strike off which is not applicable.

@ Dated signature on the certificate is necessary to verify the admissibility of claim.

**FORM 'B'**

**Receipt in Advance**

Received from the Registrar, University of Pune an amount as shown in the joint bill referred by the Chairman, on account of my remuneration as a Paper-setter / Examiner / Moderator

in ..... Theory / Practical at the College viz .....

.....(Subject) .....

Examination/s held in April / October 200

Date :

Revenue  
Stamp for  
payment over  
Rs. 500/-

# University of Pune



## DECLARATION

We, the undersigned, staff-members working in the .....  
College centre at the B.Sc. Semester & Non-Semester Course Practical Examination in .....  
held at ..... Centre during March/September/October 200 ..... hereby solemnly  
declare that no candidate from our relatives is appearing at this centre.

### College Staff

	<i>Name in Full</i>	<i>Designation</i>	<i>Signature</i>
(1)	.....	.....	.....
(2)	.....	.....	.....
(3)	.....	.....	.....
(4)	.....	.....	.....
(5)	.....	.....	.....
(6)	.....	.....	.....
(7)	.....	.....	.....
(8)	.....	.....	.....
(9)	.....	.....	.....
(10)	.....	.....	.....

.....  
(Signature)  
Principal of the College

Date : .....

# University of Pune

Subject : .....

Examination : .....

Name of the College : .....

## REPORT OF ATTENDANCE OF CANDIDATES AT THE PRACTICAL EXAMINATIONS IN MEDICAL

Date of the Practical Examination	Seat Nos. of candidates who were present at the examination on the dates allotted to them		Seat Nos. of candidates examined out of turn	Seat Nos. of candidates who were absent
	(1)	(16)		
	(2)	(17)		
	(3)	(18)		
	(4)	(19)		
	(5)	(20)		
	(6)	(21)		
	(7)	(22)		
	(8)	(23)		
	(9)	(24)		
	(10)	(25)		
	(11)	(26)		
	(12)	(27)		
	(13)	(28)		
	(14)	(29)		
	(15)	(30)		

*Name of Examiners*

*Signatures*

(1) .....

(1) .....

(2) .....

(2) .....

(3) .....

(3) .....

# REMUNERATION BILL FORM FOR NON-TEACHING STAFF

Payment Register Page No. ....

C.B.F. ....

Voucher No. ....

Cash/M.O./Cheque No. ....

*Note:—All entries in this form must be filled in by the person preferring the bill. Form in which any entry is left blank will be returned for completion to the person preferring the bill.*

..... EXAMINATION

Centre ..... Place .....

The Controller of Examinations,  
University of Pune .....

Dates for		
Preparation	Examination	Cleaning

To,  
(Name in block letters) .....

Full Address .....

\*Expert Assistant / Laboratory Assistant / Laboratory Technician / Store-Keeper / Museum Assistant / Qualified Nurse / Electrical Foreman / Foreman / Gas Plant Operator / Machine Mechanic / Peon / Mali / Field Collector / Bellman / Blacksmith / Museum Servant / Ayah / Ward boy / Hamal / Sweeper / Mehetar.

at the Practical Examination in .....

at the ..... Examination of 200 ..

To amount due to me as  
.....  
at the Practical Examination.

	Rs.	P.
(1) ..... days of Preparation at Rs. ....		
(2) ..... days of Examination at Rs. .... per day/batch/practical.		
(3) ..... days of Cleaning at Rs. ....		
Total ..		

Date : ..... Signature : .....

Certified that ..... rendered assistance to us as ..... at the Practical Examination referred to above and that the Examination lasted for ..... days inclusive of days for preparation and cleaning up

The Practicals lasted for ..... hours a day/batch

Signatures of Examiners

**Budget Head : Asstt. & Servants**

**Code No. :** .....

**TO BE RECEIPTED IN ADVANCE**

*Payment Received*

Revenue  
Stamp for  
payment  
over  
Rs. 500/-

Signature Across the above Stamp is required.

\*Strike which is not applicable.

**PASSED FOR Rs. .... P. ....**

(Rs. ....  
.....)

**Date :** .....

S.O.      S.O.      Dy. F.O.      F.O./Registrar  
(Bills)      (Audit)           Uty. of Pune