

Rem. Reg. Page No.

B.L.F.  
Vr. No.  
Cheque No.

### UNIVERSITY OF PUNE

(Individual Claim to be filled in by the Examiner)

Name of the Examiner : .....  
(in Block Letters)

Name of the College : .....

Registered Address : .....

Claim in (Subject) : ..... Theory /  
Paper ..... Section .....

at the ..... Examination/s held in April/October 20 ..

Name of the Examination	No. of Answer Paper assessed	Rs.	P.
1. Examining .....	Answer Papers @ Rs. per Paper ...		
2. Remuneration for work as Moderators .....	Answer Papers @ Rs. per Paper ...		
Total ...			

Asstt. Registrar CAP Director  
(Exams.)

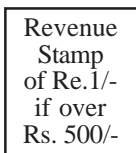
Signature of the Examiner

#### Budget Head

Rem. to Exam. ....  
.....

Passed for Rs. .... P. ....  
(Rupees .....  
.....)

Date : .....



Signature across the revenue stamp  
is required.

Section Officer,  
(Exam. Finance),

F.O./Dy.Registrar,  
(Exams.)

TO BE RECEIPTED IN ADVANCE

The individual claim bill is as per E.C.R. No. 525/85, dated 29-9-1985.