

# UNIVERSITY OF PUNE

## LOCAL CONVEYANCE ALLOWANCE BILL

[For Examiners, Paper-Setters, Moderators, Sr. Supervisors etc.]

Attendance/Payment Register Page No. .... C.B.F. .... Vr. No. ....  
 T. A. Check Register Page No. .... Cash/Cheque No. ....  
 Budget Head : ..... Date : .....  
 Code No. ....

- Note :** (1) All entries in this form should be filled in before claiming payment.  
 (2) The Paper-setter/Examiner/Moderator should get this bill countersigned by the Deputy Registrar, Examinations and also by the Chairman / Sr. Examiner / Sr. Moderator/Sr. Supervisors.  
 (3) Claims preferred beyond six months from the date on which it was due but upto one year only may be entertained for payment, if otherwise admissible, with a deduction of 5%. No claim shall be entertained after the period of one year.  
 (4) The bill should be Stamped and Pre-receipted in advance.

Name of the person : .....  
 (In block letters beginning with Surname)

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

\*Local conveyance allowance bill as Paper-setter / Examiner/ Moderator/Sr. Supervisor at .....  
 examination in ..... held at ..... in April/October 200 .  
 (subject) (centre)

	Amount	
	Rs.	P.
* (1) For attending a meeting for paper-setting/practical Exams. from ..... to ..... at ..... (date) (date) (place)		
* (2) For attending a meeting for setting the mark-list from ..... to ..... at ..... (date) (date) (place)		
* (3) For attending the meetings of the moderation work/Sr. Supervisor from ..... to ..... at ..... (date) (date) (place)		
My Registered address is as follows (Please quote name of the college if he is an employee of the college) : .....		
<b>Total Rs.</b>		

Address at which the amount is to be sent

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

\*Certified that the Paper-setter/Examiner / Moderator / Sr. Supervisor preferring this claim was present at the meeting/s as stated above.

\*It is further certified that the moderation work is now over.

Subject : .....

The number of candidates registered for the above examination is .....

.....  
 Chairman/Sr. Examiner

.....  
 Dy. Registrar (Exams.)

**Budget Head** .....

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

Received payment  
 To be stamped & receipted in advance.

Revenue  
Stamp  
if over  
Rs. 5000/-

Signature across the above stamp is required.

\*Strike out which is not applicable.

Passed for payment for Rs. .... P. ....

(Rupees .....)

Date : .....

S.O.  
(Bills)

S.O.  
(Audit)

F.O./D.F.O.  
A.F.O.