

## HIMACHAL PRADESH UNIVERSITY, SHIMLA

Entered in the Bill Register on Page.....

Date of Exam.....

Time of Exam.....

Bill of Chemicals consumed and breakages during the.....

Practical Examination in the subject of ..... held .....

Name of the Centre.....No. of Candidates examined.....

Name of Laboratory [in full].....

Serial No.	Name of Articles	Quantity or Number	Price		
			Rs.	P.	

FOR UNIVERSITY OFFICE ONLY

**PAY ORDER**

Pay Rs. ....

[Rupees.....]

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Budget head-conduct.....examination

Examined.....

Assistant (Account).....S.O. A/cs. (ii)

Cheque No.....

Date.....A.R./D.R./F.O.

Certified that the chemicals mentioned in the list above were consumed and the apparatus broken by candidates appearing in the Science Practical Examination at :-

.....Centre

.....Practical Examiner

.....Practical Examiner

Countersigned

Principal

..... College .....

Payment of this bill may be made to the Principal

## INSTRUCTIONS

1. The Examiners are requested to send the Claims of the Laboratory Assistant on the prescribed Form.
2. Bill of such claims should be sent soon after the examination is over duly signed by the Examiner and countersigned by the Head of the Institution to avoid delay.
3. No bill is to be sent to the University Office unless it is signed by all the examiners and countersigned by the Head of Institution concerned.
4. The Practical Examiners concerned should send the Contingency Bill of the Laboratories and Laboratory Assistant's Bill immediately after the Practical Examination Positively.



## PAYMENT BILL FORM

(Signature)



**FORWARDING MEMO FOR PRACTICAL AWARD LIST**

***The Memo must be filled in by the Examiners in Practical and forwarded alongwith their award list, otherwise no payment can be made.***

Centre of Examination.....

Examiner's Serial Number given with the Centre of  
Exam. in the programme chart for Practical Exam.....

(In case the examiner is to conduct exam at more  
than one Centre, he may prepare and send to this  
office separate Memos for each Centre).

Name of Examination.....

held on.....201.....

Subject.....Practical

Date on which result submitted to the Deputy / Assistant Registrar (Examination.)

Total No. of candidates examined .....

Roll Nos. of candidates actually examined by the examiner :

Roll Nos. of ABSENTEES :

I also certify that the sealed packets containing the Question Papers were received by me intact and according to the  
Programme Chart from the Principal of the college / Supdt. where the examination took place and the contents of the packets were  
correct.

Candidates who were absent have been shown as such against their Roll Nos. in the attached award list.

.....  
(Full signatures of Examiner or Examiners, as the case may be)

Name and full address.....

(in capital letters).....

Dated.....201.....

Examiner's Serial No. as shown in the Programme

Chart for Practical Exam.....



**Himachal Pradesh University, Shimla**

Voucher No .....

Month.....

Bill of the Laboratory Assistant engaged by the Examiner during the..... Science

Practical Examination in.....201.....

Name of the Centre.....No. of Candidates examined.....Date of Examination.....

Name of Laboratory in full.....

Name and Address	Designation	No. of Session/ Days	Rate	Amount		Remarks
				Rs.	P.	
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