

BILASPUR VISHWAVIDYALAYA, BILASPUR (C.G.)

Name of Exam. Centre

Name of Examination Annual/Supplimentrary/Semester..... held in the.....

Month of

Bill for payment of remuneration to invigilators Date.....

Hours from -to.....

S.No.	Name of Invigilator	Amount of remuneration	Acknowledgment
TOTAL			

(In Words) Rupees

Certified that appointments of the invigilators were made strictly in accordance of rule of the University and as per requirement.

Centre Superintendent