

PANJAB UNIVERSITY, CHANDIGARH

A) Name : Bank Name _____
 Designation : Branch Name _____
 Address : Bank A/c No. _____
 IFSC No. _____

B) Sr. No.	Name of Exams & classes inspected	Exam. Centre Inspected (Name of College & Centre No.)	Date of Inspection	Session Morning or Evening
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____

Total amount claimed Rs. _____

Please sign here

Signature of the Team Leader verifying the bills of the accompanying team members.

Note: Detail of Inspection Fee for members of Flying Squad/Centre Inspectors:-

- i) Rs. 500 per session (upto 2 centres); ii) Rs. 700 per session (if more than 2 centres)

C) Appointment/Inspection assigned vide letter No. _____ Dated: _____
 Inspection Report/s is/are attached sent separately.

Dated: _____

Signature of the claimant

D) (FOR OFFICE USE ONLY)

Inspection entries made at page _____
in Inspection Record Register.

Contents at columns A to C Verified

Clerk / A.S.O. / O.S.C.

A.R.C.

A.R.A.

E) Head of Account _____

Pay Rs. (in Figures) _____ (in words) _____

Superintendent

Assistant

Clerk

F) Cheque No. _____

Dated : _____

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

AUDIT DEPARTMENT
Preaudited & passed for Rupees...

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Auditor SO/ACLA
Local Audit Department
Chandigarh Administration