

**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