



Children's University,

(Estd by. Govt. of Gujarat)

Subhashchandra Bose Shikshan Sankul, Gandhinagar-382021

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Examination Remuneration Form

Name: _____

Institute: _____ Year & Month of Exam _____

Address: _____

Mobile No.: _____ Email Id:- _____ Name of Bank: _____

Branch Name: _____ Bank A/C No.: _____ IFSC Code No.: _____

Theory Examinations					Amount (Rs.)
(A) Drawing of Question Papers					
Course Name	Semester	Subject Name & Code		Rate	
(B) Assessment of Answer Books					
Course Name	Semester	Subject Name & Code	No. of Answer Books	Rate	
Practical / Term Work / Viva Examinations/Subject Expert					
Course Name	Semester	Subject Name & Code	No. of Students	Rate	
Chairmanship/Exam Coordinator/ Course Coordinator/ Convener					
Course Name	Semester	Subject Name & Code		Rate	
Senior Supervisor/Supervisor/ Reliever / Lab Technician/Lab Preparatory					
Course Name	Semester	Subject Name & Code		Rate	
Exam Stationary Clerk/ Peon/ Water Boy/ Sweeper					
Course Name	Semester	Subject Name & Code		Rate	
Assessment of Dissertation / Thesis /Project					
Course Name	Semester	Subject Name & Code	No. of Students	Rate	
Computerization/Postage Charges, if Any					
Total					

Countersigned by Coordinator/CoE

Signature-1

Passed for Rs _____ in Words _____ Date _____

Account Clerk

Account Officer

Registrar

Signature-2 (Payment Received)