

To,  
The Registrar  
Sardar Patel University  
Vallabh Vidyanagar

Subject: Submission of Remuneration Bills for Theory Examinations of (month/year) \_\_\_\_\_

Sir,

I am submitting herewith the following remuneration bills for the (Name of Exam) \_\_\_\_\_

Examinations conducted at (center) \_\_\_\_\_ for (month/year) \_\_\_\_\_  
To be adjusted against the advance amount received of Rs. \_\_\_\_\_ wide advance account  
Voucher No. \_\_\_\_\_ Dated \_\_\_\_\_ and remaining amount of Rs. \_\_\_\_\_  
refunded vide Receipt No. \_\_\_\_\_ Dated \_\_\_\_\_ (receipt enclosed herewith):

Sr. No.	Particulars	Amount Rs.
01	Bills for Co-Ordinator (Total _____ Co-Ordinator)	
02	Bills for Senior Supervisor (Total _____ Sr. Supervisor)	
03	Bills for Junior Supervisor (Total _____ Jr. Supervisor)	
04	Bills for Factotum with arranging & re-arranging charge	
05	Bills for Stationary Clerk	
06	Bills for Hamal (Peon )	
07	Bills for Water bearer	
08	Bills for Sweeper	
09	Bills for (Peon) Arranging & Re-arranging for classroom benches	
10		
11		
12		
<b>Total Amount Rs.</b>		

Advance taken Rs.: \_\_\_\_\_  
Advance Vr. No & Date: \_\_\_\_\_  
Total Expenditure Rs. : \_\_\_\_\_  
Amt Adj. (Refunded) / Amt Claimed Rs : \_\_\_\_\_  
Receipt No.: \_\_\_\_\_  
Receipt Date : \_\_\_\_\_

Yours Faithfully,

(Co-ordinator)

(Name : \_\_\_\_\_)

Centre Co-ordinator Stamp

Encl. 1) \_\_\_\_\_ 6)  
2) \_\_\_\_\_ 7)  
3) \_\_\_\_\_ 8)  
4) \_\_\_\_\_ 9)  
5) \_\_\_\_\_

**Note: Please send this covering letter only on the letter head of Theory Examination Center (e.g. College/Institute/Department).**



**SARDAR PATEL UNIVERSITY**  
**REMUNERATION BILL FOR STATIONARY CLERK**

**N.B.: (1)** The Stationary Clerk shall be paid Rs. 60/- per session.

**Session: (Morning/Evening)** \_\_\_\_\_

**Name of Examination:** \_\_\_\_\_

**Month/Year:** \_\_\_\_\_

**Date of Examination: From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Total Session** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Total Rs.** \_\_\_\_\_

(Name \_\_\_\_\_) (Sign \_\_\_\_\_)

(Name & Sign. of the Sr. Supervisor with stamps)



**Exam. Section**

**C.A.O.**

**Registrar**



# SARDAR PATEL UNIVERSITY

## Vallabh Vidyanagar

**Note:** \*\* A stationary clerk for each centre of Examination be appointed, and he shall be eligible for remuneration @ Rs. 60/- per session.

<b>DEBIT</b>	<b>2. Examination Charges</b>	<b>(50050)</b>
<b>Head of Accounts</b>	<b>(C) Supervision Charges</b>	<b>(50063)</b>

### \*\* BILL FOR STATIONERY CLERK

To,  
The Registrar,  
Sardar Patel University  
Vallabh Vidyanagar.

Name of Factotum \_\_\_\_\_  
at the \_\_\_\_\_ of \_\_\_\_\_ 201\_\_

The amount due to me as \_\_\_\_\_ at the above

Examination for \_\_\_\_\_ (sessions/days) at the rate of Rs. \_\_\_\_\_ per session/days as,

Date of Examination	Session		Total Session		
	Morning	Evening		Rs.	Paise
				<b>Total Rs.</b>	
				Signature _____	
				Name : _____	
				Address: _____	
				Date: _____	
				Sr. Supervisor/Co-ordinator Sign _____	
				Sr. Supervisor/Co-ordinator Name _____	
				<div style="border: 1px solid black; width: 100px; height: 40px; margin: 0 auto;">                     (Senior Supervisor/Co-ordinator Stamp)                 </div>	
				Signature, Name & Stamp of Senior Supervisor/Co-ordinator <small>(Please see that dates are filled in before the bill is signed)</small>	
				Passed for Rs. _____ Paise _____	
				Rs. _____	

**Payment Received**

Please  
Sign on  
Rev. stamp  
If amount  
Exceeds  
Rs. 5000/-

Date: \_\_\_\_\_ C.A.O. \_\_\_\_\_ REGISTRAR \_\_\_\_\_



**SARDAR PATEL UNIVERSITY**  
**REMUNERATION BILL FOR HAMALS (PEONS)**

**N.B. : (1)** Hamals (peons) engaged for Senior Supervisor's office and as packing cum dispatch peon shall be paid at the rate of Rs. 25/- for one session and Rs. 50/- for two sessions (Maximum 2 peons per centre with one additional day are permissible).

**Name of Examination:** \_\_\_\_\_

**Date of Examination:** (From \_\_\_\_\_ To \_\_\_\_\_) Total days of examination \_\_\_\_\_

Sr. No.	Name of Hamals (Peons)	Session		Total No. of Session	Amount of Remuneration	Signature
		Morning	Evening			

**Date:** \_\_\_\_\_

**Total Rs.** \_\_\_\_\_

(Name \_\_\_\_\_) (Sign \_\_\_\_\_)

(Name & Sign. of the Sr. Supervisor with stamps)

Sr. Supervisor Stamp

**Exam. Section**

**C.A.O.**

**Registrar**



**SARDAR PATEL UNIVERSITY**  
**REMUNERATION BILL FOR WATER BEARERS**

- N.B.:** (1) The number of water-bearers shall be one per two blocks of students per session Examination and they shall be paid at the Rate of Rs.25/- per session and Rs.50/- per day.  
(2) Please submit statement of date wise/day (session) wise.

Name of Examination: \_\_\_\_\_ Date of Examination: \_\_\_\_\_

Session (Morning/Evening): \_\_\_\_\_ Total No. of Blocks: \_\_\_\_\_ Total Water-bearers appointed: \_\_\_\_\_

Sr. No.	Name of Water-bearers	Session		Total No. of Session	Amount of Remuneration	Signature
		Morning	Evening			

Date: \_\_\_\_\_

Total Rs. \_\_\_\_\_

(Name \_\_\_\_\_) (Sign \_\_\_\_\_)

(Name & Sign. of the Sr. Supervisor with stamps)

Sr. Supervisor Stamp

Exam. Section

C.A.O.

Registrar



**SARDAR PATEL UNIVERSITY**  
**WATER BEARER SUMMARY LIST**

N.B.: The number of water-bearers shall be one per two blocks of students per session Examination and they shall be paid at the Rate of Rs.25/- per session and Rs.50/- per day.

Name of the Examination Centre: \_\_\_\_\_

Name of the Examination : \_\_\_\_\_ Month & Year \_\_\_\_\_

Sr.No.	Name of Waterbearer	Dt.		Dt.		Dt.		Dt.		Dt.		Dt.		Dt.		Dt.		Dt.		Total Session	Signature
		M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E		
1																					
2																					
3																					
4																					
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7																					
8																					
9																					
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11																					
12																					
13																					
14																					
15																					
16																					
<b>Total No. of Session</b>																					
		<b>Senior Supervisor Name</b> _____ <b>Signature</b>																		<b>Stamp</b>	



**SARDAR PATEL UNIVERSITY  
REMUNERATION BILL FOR SWEEPER**

**N.B. : (1) The Sweeper shall be paid Rs. 50/- per day Only one sweeper shall be appointed for whole examination.**

**Name of Examination Centre:** \_\_\_\_\_

**Name of Examination:** \_\_\_\_\_

**Date of Examination: (From \_\_\_\_\_ To \_\_\_\_\_) Total Session/Days \_\_\_\_\_**

Sr. No.	Name of Sweeper	Session		Total No. of Session	Amount of Remuneration	Signature
		Morning	Evening			

**Date:** \_\_\_\_\_

**Total Rs.** \_\_\_\_\_

(Name \_\_\_\_\_) (Sign \_\_\_\_\_)

(Name & Sign. of the Sr. Supervisor with stamps)

Sr. Supervisor Stamp
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**Exam. Section**

**C.A.O.**

**Registrar**



## SARDAR PATEL UNIVERSITY

### REMUNERATION BILL FOR ARRANGING AND RE – ARRENGING BENCHES

**N.B. : (1)** For arranging and re – arranging benches for Examination purpose, the rate admissible shall be Rs. 20/- for first hundred students and for each additional student @ 20 Paise be paid to Class IV employee doing the work. This rate is for both the works.

**Name of Examination:** \_\_\_\_\_

**Date of Arranging benches:** \_\_\_\_\_ **Date of Re-arranging benches:** \_\_\_\_\_

**Name of Class IV Employee:** \_\_\_\_\_

Sr. No.	Name of Examination (e.g. FYBA, FYBSc. Etc...)	Total No. of Students	Amount of Remuneration @ 20 Paise
<b>Total Rs.</b>			

**Date:** \_\_\_\_\_ **Receiving Sign. of Class IV Employee** \_\_\_\_\_

(Name \_\_\_\_\_) (Sign \_\_\_\_\_)

(Name & Sign. of the Sr. Supervisor with stamps)

**Sr. Supervisor Stamp**

**Exam. Section**

**C.A.O.**

**Registrar**





# સરદાર પટેલ યુનિવર્સિટી

## વલ્લભ વિધાનગર

પત્રક - ૧૭

..... તારીખના રોજ સવાર / બપોરની સેશન્સના જે તે બ્લોકના પરીક્ષાર્થીઓના ઉપયોગ માટે બ્લોક દીઠ ફાળવેલ ઉત્તરવહીઓની વિગત દર્શાવતું પત્રક

કોલેજ / ભવનનું નામ : ..... પરીક્ષા : .....

બ્લોક નંબર	બ્લોકમાં પરીક્ષામાં બેસનાર પરીક્ષાર્થીઓની સંખ્યા	બ્લોકને ફાળવેલ ઉત્તરવહીઓની સંખ્યા	ફાળવેલ ઉત્તરવહી ક્રમાંક ક્રમ ..... થી ક્રમ .....	વપરાશ વગર બ્લોકમાંથી પરત આવેલી ઉત્તરવહી	
				સંખ્યા	ઉત્તરવહીના ક્રમાંકો
૧	૨	૩	૪	૫	૬
કુલ					

# સરદાર પટેલ યુનિવર્સિટી વલ્લભ વિધાનગર

પત્રક - ૧૮

તા. ....થી શરૂ થયેલ અને તા. ....ના રોજ પૂરી થયેલ  
..... પરીક્ષાઓમાં વપરાયેલ ઉત્તરવહીઓનો હિસાબ દર્શાવતું પત્રક

કોલેજ/ભવનનું નામ: ..... પરીક્ષા : .....

ક્રમ	તારીખ	વપરાશ માટે ફાળવેલ ઉત્તરવહીઓની સંખ્યા (પત્રક-૧૭ના કૉલમ-૩નો કુલ સરવાળો)			વપરાશ વગર બ્લોકમાંથી પરત આવેલ ઉત્તરવહીઓની સંખ્યા (પત્રક-૧૭ના કૉલમ-૫નો કુલ સરવાળો)			ખરેખર વપરાયેલ ઉત્તરવહીઓની સંખ્યા (કૉલમ ૫-૮)
		સવારની સેશન્સ ૩	બપોરની સેશન્સ ૪	કુલ ૫	સવારની સેશન્સ ૬	બપોરની સેશન્સ ૭	કુલ ૮	
૧	૨							૯
કુલ								



**સરદાર પટેલ યુનિવર્સિટી**  
વલ્લભ વિદ્યાનગર  
**નિરીક્ષકનો અહેવાલ : પગક-૧૯**

ચુનિ. પ્રેક્ષ ૧૦૦૦/૯-'૧૬

(આ અહેવાલ બે નકલમાં ભરવો, જેની એક નકલ ઉત્તરવહીની થોકરી સાથે બાંધી મોકલવી તથા એક નકલ અલગ પરબીડિયામાં પરીક્ષા નિયામકશ્રીને ઉત્તરવહીના બંડલ સાથે મોકલવી.)

સેશન: સવાર / બપોર પરીક્ષા કેન્દ્ર ..... તારીખ ..... ર૦.....  
પરીક્ષા ..... વિષય કોડ: ..... વિષય ..... વિભાગ .....  
બ્લોક ક્રમાંક ..... પરીક્ષાર્થીના બેઠક ક્રમાંક ..... થી ..... સુધી

હાજર પરીક્ષાર્થીના બેઠક ક્રમાંક	ગેરહાજર પરીક્ષાર્થીના બેઠક ક્રમાંક	ગેરસીતિના કેસના કારણો અલગ ઉત્તરવહી મોકલી હોય તેના બેઠક ક્રમાંક	આ થોકરીમાં મોકલવામાં આવેલી ઉત્તરવહીઓની કુલ સંખ્યા
			આંકડામાં: શબ્દોમાં: <input type="text"/>
	કુલ:	કુલ:	કુલ:

આથી પ્રમાણિત કરું છું કે બ્લોકમાં દરેક પરીક્ષાર્થીની સુપ્રત કરેલી મુખ્ય ઉત્તરવહીઓની અને પૂરક ઉત્તરવહીઓની સંખ્યા મેં ચકાસી છે. અને તે ઉપર જણાવેલ આંકડા સાથે મળી રહેલ છે.

કરજ પરના જુ. નિરીક્ષકની સહી

ચકાસનાર અન્ય જુ. નિરીક્ષકની સહી

મુખ્ય નિરીક્ષકની સહી

નોંધ: અહેવાલની બાધી જ વિગતો સ્વચ્છ અને સાચી રીતે ભરવી જોઈએ. છેકછાકવાળી, કરીથી લખેલ કે ઘૂટેલ શબ્દો કે અક્ષરો પાસે વાંચી શકાય તેવી રીતે ટૂંકી સહી કરવી જોઈએ. દરેક વિષયનો અલગ-અલગ અહેવાલ ભરવો.



**SARDAR PATEL UNIVERSITY**  
**REMUNERATION BILL FOR CO-ORDINATOR**

**N.B. : (1) The Centre Co-ordinator shall be paid Rs. 125/- per session. Only one Centre Co-ordinator shall be appointed for whole examination.**

**Name of Examination:** \_\_\_\_\_

**Date of Examination: From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Total Session/Days** \_\_\_\_\_

Sr. No.	Name of Centre Co-ordinator	Session		Total No. of Session	Amount of Remuneration	Signature
		Morning	Evening			

**Date:** \_\_\_\_\_

**Total Rs.** \_\_\_\_\_

(Name \_\_\_\_\_) (Sign \_\_\_\_\_)  
 (Name & Sign. of the Sr. Supervisor with stamps)

**Sr. Supervisor Stamp**

**Exam. Section**

**C.A.O.**

**Registrar**



**SARDAR PATEL UNIVERSITY**  
**VALLABH VIDYANAGAR – 388 120**

**Collection of Answer-Books Bundle from the Examination Centre**

Received sealed answer book bundle from Co-ordinator Shri /Smt. \_\_\_\_\_

of exam centre \_\_\_\_\_

of Jan. /Feb. /March/April/May/June/July/Aug. /Sept. /Oct. /Nov. /Dec. 201 examination.

Examination \_\_\_\_\_ Semester \_\_\_\_\_

Session – Morning / Evening

Subject Code	Subject Name	Total Nos. of Answer-Books	No of Answer-Books Bundle/ Cover
	<b>Total Bundle/Cover</b>		

Vallabh Vidyanagar

Date: - - 2 0

Co-ordinator

(Exam Centre)

for Registrar



## SARDAR PATEL UNIVERSITY

### Vallabh Vidyanagar

DEBIT Head of Accounts * Co-ordinator Bill * Observer Bill	* Senior Supervisor Bill * Flying Squad Bill	2. Examination Charges (50050) (C) Supervision Charges (50063) * Junior Supervisor Bill
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To,  
 The Registrar,  
 Sardar Patel University  
 Vallabh Vidyanagar.

Name \_\_\_\_\_  
 \* \_\_\_\_\_ at the \_\_\_\_\_ of \_\_\_\_\_ 201

The amount due to me as \_\_\_\_\_ at the above

Examination for \_\_\_\_\_ (sessions) at the rate of Rs. \_\_\_\_\_ per session as,

Date of Examination	Session		Total Session
	Morning	Evening	

	Rs.	Paise
<b>Total Rs.</b>		

Signature : \_\_\_\_\_

Name : \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Sr. Supervisor/Co-ordinator Sign \_\_\_\_\_

Sr. Supervisor/Co-ordinator Name \_\_\_\_\_

(Senior Supervisor/Co-ordinator Stamp)

Signature, Name & Stamp of  
 Senior Supervisor/Co-ordinator  
 (Please see that dates are filled in before the bill is signed)

Passed for Rs. \_\_\_\_\_ Paise \_\_\_\_\_

Rs. \_\_\_\_\_

**Payment Received**

Please  
 Sign on  
 Rev. stamp  
 If amount  
 Exceeds  
 Rs. 5000/-

Date: \_\_\_\_\_

C.A.O.

REGISTRAR



**SARDAR PATEL UNIVERSITY**  
**REMUNERATION BILL FOR SENIOR SUPERVISOR**

**N.B.: (1)** The Senior Supervisor shall be paid Rs. 100/- per session. Whole examination

**Name of Examination:** \_\_\_\_\_

**Date of Examination: From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Total Session** \_\_\_\_\_

Sr. No.	Date of Examination	Name of Senior Supervisor	Session		Total No. of Students	Amount of Remuneration	Signature
			Morning	Evening			

**Date:** \_\_\_\_\_

**Total Rs.** \_\_\_\_\_

(Name \_\_\_\_\_) (Sign \_\_\_\_\_)

(Name & Sign. of the Sr. Supervisor with stamps)

Sr. Supervisor Stamp

**Exam. Section**

**C.A.O.**

**Registrar**



**SARDAR PATEL UNIVERSITY**  
**REMUNERATION BILL FOR JUNIOR SUPERVISOR**

**N.B.: (1)** The Junior Supervisor shall be paid Rs. 60/- per session.

**Session: (Morning/Evening)** \_\_\_\_\_

**Name of Examination:** \_\_\_\_\_

**Month/Year:** \_\_\_\_\_

**Date of Examination: From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Total Session** \_\_\_\_\_

**Total Junior Supervisor Appointed** \_\_\_\_\_ **Total Rs.** \_\_\_\_\_

**Date:** \_\_\_\_\_

(Name \_\_\_\_\_) (Sign \_\_\_\_\_)

(Name & Sign. of the Sr. Supervisor with stamps)

**Sr. Supervisor Stamp**

**Exam. Section**

**C.A.O.**

**Registrar**





## SARDAR PATEL UNIVERSITY JUNIOR SUPERVISOR SUMMARY LIST

N.B.: (1) The Junior Supervisor shall be paid Rs. 60/- per Session.

Name of the Examination Centre: \_\_\_\_\_

Name of the Examination : \_\_\_\_\_ Month & Year \_\_\_\_\_

Sr.No.	Name of Jr. Supervisor	Dt.		Dt.		Dt.		Dt.		Dt.		Dt.		Dt.		Dt.		Dt.		Total Session	Signature	
		M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E			
1																						
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11																						
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14																						
15																						
16																						
17																						
18																						
19																						
20																						
<b>Total No. of Session</b>																						
		<b>Senior Supervisor Name</b> _____														<b>Signature</b>		<b>Stamp</b>				



## SARDAR PATEL UNIVERSITY REMUNERATION BILL FOR FACTOTUM

**Note:** \*\*A Factotum shall be paid at the rate of Rs. 0.50 p. per paper per candidate registered to appear, or Rs. 100/- per session whichever is more.

Moreover, for arranging and re-arranging the benches and other work prior to and after the Examinations shall be eligible for remuneration for 1 day before the commencement and 1 day after the conclusion of Examinations @ Rs. 100/- per day. However, this amount shall be divided between Factotums, if at any Centre of Examinations there is more than one Factotum is appointed.

**Name of Examination:** \_\_\_\_\_

**Date of Examination:** (From \_\_\_\_\_ To \_\_\_\_\_) Total Session/Days \_\_\_\_\_

Sr. No.	Name of Factotum	Morning Session Students	Evening Session Students	Total No. of Students	Amount of Remuneration	Signature

**Date:** \_\_\_\_\_

**Total Rs.** \_\_\_\_\_

(Name \_\_\_\_\_) (Sign \_\_\_\_\_)

(Name & Sign. of the Sr. Supervisor with stamps)

Sr. Supervisor Stamp

**Exam. Section**

**C.A.O.**

**Registrar**



# SARDAR PATEL UNIVERSITY

## Vallabh Vidyanagar

**Note:** \*\*A Factotum shall be paid at the rate of Rs. 0.50 p. per paper per candidate registered to appear, or Rs. 100/- per session whichever is more. Moreover, for arranging and re-arranging the benches and other work prior to and after the Examinations shall be eligible for remuneration for 1 day before the commencement and 1 day after the conclusion of Examinations @ Rs. 100/- per day. However, this amount shall be divided between Factotums, if at any Centre of Examinations there is more than one Factotum is appointed.

**DEBIT**                      **2. Examination Charges (50050)**  
**Head of Accounts**              **(C) Supervision Charges (50063)**

### \*\* BILL FOR FACTOTUM

To,  
 The Registrar,  
 Sardar Patel University  
 Vallabh Vidyanagar.

Name of Factotum \_\_\_\_\_ of \_\_\_\_\_ 201  
 at the \_\_\_\_\_

The amount due to me as \_\_\_\_\_ at the above

Examination for \_\_\_\_\_ (sessions/days) at the rate of Rs. \_\_\_\_\_ per session/days as,

Date of Examination	Session/days		Number of Students	Amount
	Morning	Evening		
<b>Arranging</b>				<b>100=00</b>
<b>Re-arranging</b>				<b>100=00</b>
<b>Total Amount Rs.</b>				

	Rs.	Paise
<b>Total Rs.</b>		
Signature _____		
Name : _____		
Address: _____ _____ _____		
Date: _____		
Sr. Supervisor/Co-ordinator Sign _____		
Sr. Supervisor/Co-ordinator Name _____		
(Senior Supervisor/Co-ordinator Stamp)		
Signature, Name & Stamp of Senior Supervisor/Co-ordinator (Please see that dates are filled in before the bill is signed)		
Passed for Rs. _____ Paise _____		
Rs. _____		

Payment Received

Please  
 Sign on  
 Rev. stamp  
 If amount  
 Exceeds  
 Rs. 5000/-



**SARDAR PATEL UNIVERSITY**  
**Vallabh Vidyanagar**  
**FACTOTUM SUMMARY LIST**

**Note:** \*\* A Factotum shall be paid at the rate of Rs. 0.50 paise per paper candidate registered to appear, or Rs. 100/- per session ;whichever is more

Name of Examination Centre : \_\_\_\_\_

Name of Factotum : \_\_\_\_\_ Month & Year \_\_\_\_\_

Examination Session : \_\_\_\_\_ Time : \_\_\_\_\_

Sr. No.	Date	Name of Examination	Total No. of Student	Total Amount to be claimed
<b>Total Amount Rs.</b>				

Senior Supervisor Name \_\_\_\_\_ Signature \_\_\_\_\_ Stamp