**Children’s Research University, Gandhinagar**

**Subhash Chandra Bose Shikshan Sankul,  
Near Chh-5 Children’s University Circle, Sector-20, 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/ Convenership** | | | | |  |
| **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 Ph.D. Thesis (Name of the Student: )** | | | | |  |
| **Course Name** | **Semester** | **Subject Name & Code** | **No. of Students** | **Rate** | **2,000** |
| **Ph.D.** |  | **Education** | **01** | **2,000** |
|  |  |  |  |  |
| **Computerization/Postage Charges, if Any** | | | | |  |
| **Total** | | | | |  |

**Counter signed by Coordinator Signature-1**

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Passed for Rs. in Words Date

Account Clerk Account Officer Registrar

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# Signature-2 (Payment Received)