BILASPUR VISHWAVIDYALAYA, BILASPUR (C.G.)

Name of Exam. Centre .....

Name of Examination Annual / Supplimentary / Semester .....--..... held in the ..... Month of ..... Bill for payment of remuneration to invigilators ..... Date .....

Hours from ..... to .....

S.No.	Name of Invigilator	Amount of remuneration	Acknowledgment
		TOTAL	

(In Words) Rupees .....

Certified that appointments of the invigilators were made strictly in accordance with the rule of the University and as per requirement.

Centre Superintendent