REQUISITION FOR ADVANCE

to Conduct Admission Test-2019

The Joint Controller Dated:_____

(Admission / Accounts)

Controller's Office, AMU

Kindly arrange an amount of Rs. _____ as detailed below in connection with Admission Test of Class _____ to be held on_____. The adjustment will be submitted within week time after day of Admission Test.

S.No	Detail of Functionaries	No. of Functionaries	Amount (Rs.)
1	***Superintendent of Examination*** *@ Rs. 500/-*		
2	***Assistant Superintendent*** *@ Rs. 400/-*		
3	***Invigilator*** *@ Rs. 300/-*		
4	***Scribe for visually challenged*** *@ Rs. 300/-*		
5	***Supporting Staff*** *@ Rs. 150/-*		
6	***Lunch to Staff***	***@ Rs. 10/-*** *per candidates in Evening Shift*	
7	***Different arrangement at Test Centre*** *(hospitality towards candidates & their Guardian, Seating Arrangement, Refreshment etc.)*	***@ Rs. 15/-*** *per candidates*	
8	Stationary & Miscellaneous expenses.	***@ Rs. 40/-*** *per Room*	
	GRAND TOTAL (Rs.)		

_____

Signature
Centre Superintendent / Chairman
Seal of the centre (below)

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ADVANCE RECEIVED

Received an amount of Rs. _____ as an advance from the Account Section Controller's Office, AMU to conduct Admission Test of _____ to be held on _____.

_____

Signature
Centre Superintendent / Chairman
Seal of the centre (below)

R E C E I P T

Received Rs. _____ in words _____ in cash from Aligarh Muslim University, Aligarh for the payment of Superintendent / Asstt. Superintendent / Invigilators / Relief Invigilators / Scribes for visually challenged candidates at _____ Test Centre Code No. _____ as detail given below.

S.No	Detail of Functionaries	No. of Functionaries	Amount (Rs.)
1	***Superintendent of Examination*** *@ Rs. 500/-*		
2	***Assistant Superintendent of Examination*** *@ Rs. 400/-*		
3	***Invigilator*** *@ Rs. 300/-*		
4	***Scribe for visually challenged candidates*** *@ Rs. 300/-*		
5	***Supporting Staff*** *@ Rs. 150/- each*		
6	***Lunch to Staff***	***@ Rs. 10/-*** *per candidates in Evening Shift*	
7	***Different arrangement at Test Centre*** *(hospitality towards candidates & their Guardian, Seating Arrangement, Refreshment etc.)*	***@ Rs. 15/-*** *per candidates*	
8	Stationary & Miscellaneous expenses.	***@ Rs. 40/-*** *per Room*	
	GRAND TOTAL (Rs.)		

Certified that the above mentioned expenditure are incurred to conduct of Admission Test of _____held on_____ at my Examination Centre. The acknowledgement receipt have been kept in our record.

(For Official Use only)

Entered on Advance Register Page No……..

Passed for Payment

Rs. …….

Asstt. Finance Officer
(Controller's Office)

Revenue Stamp

_____

Signature
Centre Superintendent of Examination
Seal of the centre (below)

Remuneration to Staff

RECEIPT

Certify that total amount Rs. _____ has been disburse to the Staff for performing Invigilation Duties for Admission Test of _____ held on dated _____ at _____. The following staff are remain on duty in the above Admission Test-2019 as under:

Detail of Functionaries	Amount (Rs.)
Superintendent of Examination	**500.00**
Asstt. Superintendent of Examination	**400.00**
Invigilators	**300.00**
Supporting Staff	**150.00**

S.No	ID No.	Name of the Person	Deptt. / School	Amount	Signature

Verified :

S.No	ID No.	Name of the Person	Deptt. / School	Amount	Signature

Verified :

S.No	ID No.	Name of the Person	Department / School	Amount	Signature

Verified :