Form No. : BU/EXAM/203 Examiner No. _____



BHAGWANT UNIVERSITY, AJMER

Sikar Road, Ajmer 305004

Remuneration Bill (Paper-setter)

Exam Name: M	onth	Year	
Name of Examiner (Paper-setter)	:		
Work Place Name& Address	:		
Home Address	:		
Email Id.	:		
Contact No.	:		
Course Name	:		
Branch	:		
Paper name	:		
Remuneration	:		
Account No:		Pan No.:	
Bank Name:		Branch:	
IFSC Code:		_	
En closer: Photo copy of Passbook/	Cancele	d Cheque & Photo copy of Pan Card	
Date :		Signature of Examiner	
Place :		Name of Examiner	