



BHAGWANT UNIVERSITY, AJMER

Sikar Road, Ajmer 305004

Remuneration Bill (Paper-setter)

Name of Examiner (Paper-setter) : _____

Address : _____

Contact No. : _____

Name of Examination : _____

Branch : _____

Paper name : _____

Remuneration : _____

Date : _____

Signature of Examiner _____

Place : _____

Name of Examiner _____