

Ch. Bansi Lal University, Bhiwani

FLYING SQUAD REPORT

Name of Convener/Observer :.....

Date of Visit :.....

Time of Visit :.....

Name of Exams. Centre :.....

REPORT

Signature of Convener/Observer :.....

Signature of Member :.....

CH. Bansi Lal University, Bhiwani

REMUNERATION BILL FOR FLYING SQUAD DUTY/OBSERVER

Name of the Examinations Centre _____

Sr. No.	Name	Designation with Address	Date of Examination	Total/Duty Session	Rate	Total Amount (in Rs.)	Claimant Signature
1							
2							
3							
4							
5							

*M: Morning, E: Evening Shift.

As per approved rates.

Convener should attach the duty certificate given by Supdt.-in-Chief

Countersignature of
the Convener

CONVENER
(COMPLETE NAME SIGN.)

Signature of Centre Superintendent
Name of Centre