

ALLAMA IQBAL OPEN UNIVERSITY
Department of Examinations
(Conduct Section)

REMUNERATION BILL FOR "DISTRIBUTING/BANK INSPECTOR"

Region: _____ Semester: _____
Name: _____ Father's Name: _____
CNIC No: _____ Mobile No. _____
Bank Branch Address (where duty performed): _____
No. of Exam Centres (for which duties performed): _____
Postal Address: _____

Online Bank Account No. with branch code: _____
(For online payment of claim)

Claim: @ Rs.500/day for _____ days (detail overleaf):- Rs. _____
Tax Deduction @ 10% for filer or 20% for non-filer:- Rs. _____
Net Claim:- Rs. _____

Certified that the undersigned has performed duties as "Distributing Inspector" at the above mentioned Bank Branch which detail is overleaf. The remuneration claimed is correct and as per AIOU approved rates and that no amount on this account has previously been claimed and received by me.

Signature _____

Date: _____

It is certified that claimant performed duties as "Distributing Inspector" at the above mentioned Bank Branch under my supervision and claim is correct.

Signature _____
(Regional Head)

FOR OFFICIAL USE ONLY

The amount Rs. _____ (Rupees _____ only)

Claim for which sanction is hereby accorded for payment.

Dealing Official

Accountant/Asstt. Treasurer

Dy./Addl. Controller Exams/DDO

Audited and passed for
Rs. _____ (Rupees _____)

Budget for 20____
Expenditure Rs. _____
Balance Rs. _____

Audit Officer

Paid vide Cheque No. _____ Dated _____ Cashier _____

(Please submit this bill in Regional office concerned immediately after the completion of Exams)

Daily Attendance of "Distributing/Bank Inspector"

Name of Distributing/Bank Inspector _____

Bank Branch _____

S.#	Date of Exam	DI Signature	Countersigned by C/Superintendent (s)	S.#	Date of Exam	DI Signature	Countersigned by C/Superintendent (s)
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Distributing Inspector's Signature: _____

Verified by Regional Head _____