

UNIVERSITY OF JAMMU

INSPECTION BILL FOR INSPECTION OF INTERNAL ASSESSMENT RECORD

EXAMINATION

NAME & ADDRESS OF INSPECTOR \_\_\_\_\_

REFERENCE TO UNIVERSITY AUTHORITY NO: \_\_\_\_\_

S. NO.	NAME OF THE INSTITUTION	DATE OF INSPECTION	AMOUNT OF FEE	CONVEYANCE CHARGES	TOTAL

Certified that the conveyance was actually engaged and paid for the distance between my residence and the institution.

DATED: \_\_\_\_\_

SIGNATURE

[Signature Box]

SIGNATURE

Certified that Prof. \_\_\_\_\_ has inspected Internal Assessment record of \_\_\_\_\_

DEPUTY REGISTRAR (EVALUATION)

FOR USE IN THE ACCOUNTS BRANCH

Paid for \_\_\_\_\_ (Debit) \_\_\_\_\_  
ACCOUNTANT

ASST. REGISTRAR (ACCOUNTS)

Paid \_\_\_\_\_ vide Cheque NO. \_\_\_\_\_  
 Dr. on Jammu and Kashmir Bank Ltd., Jammu.