Guru Jambheshwar University of Scinece & Technology, Hisar

(To be used only by Examiners in subjects where there is no Head Examiner) In Order to avoid delay in payment, all the columns in this bill should be filled improperly)

Name of Colle	ge/Deptt				
Name of the ex	amination		***************************************		
Name of Exter	nal Examiner		***************************************		
Address	*******************************	***************************************			
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Subject	Pap	er	Year of Examination		
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Date and time a	at which the Practical e	xamination held			
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	shown by the person cor	icerned.		8,000	
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Bill for contingent expenses of the laboratories be sent direct to the Dy. Registrar (Accounts)

Guru Jambheshwar University of Science & Technology, Hisar

per the rules.

3.

Guru Jambheshwar University of Science & Tecnhology, Hisar

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Note:- i) Use the separate sheet for each paper.
ii) Incase of absentee, write in bold letter "ABSENT"
* Applicable only if any answer-books Secrecy/continuation sheet ato

Signature of examiner

Confidential

ORIGINAL (To be submitted to the University) Guru Jambheshwar University of Scinece & Technology, Hisar

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