

UNITARY UNIVERSITY
KHALLIKOTE AUTONOMOUS COLLEGE,
(Established at Khallikote Autonomous College)
BERHAMPUR-760001 (ODISHA)

BRAHMAPUR

TRAVELLING ALLOWANCE BILL FORM

Name and Designation _____ Headquarters _____

Address _____ Month _____

Purpose of Journey _____ Basic Pay _____

Departure			Arrival			Journey by road/rail (Class)	Distance	Fair
Date	Station	Hrs.	Date	Station	Hrs.			

Total Rs. _____

DA/CA claimed for _____ days, @ Rs. _____ per day Rs. _____

Claimed Rupees _____ only Grand Total Rs. _____

N.B. : 1. Tickets to be subitted for the claim of the train fare in 3 tier A.C.
2. In case of claiming bus fare more than the Government rate, ticket to be submitted.

One Rupee Revenue Stamp if the amount exceed Rs.5000/-

CERTIFICATE

1. Certified that actually I have travelled in the class in which I am entitled to travel. I have charged rail/bus fare in the bill accordingly.
2. Certified that the road journey between places connected by rail, have been performed in the interest of public service.
3. Certified that I have not claim any T.A. from Government or other bodies for the claim now preferred.
4. Certified that mileage has not been claimed for the journey performed by Government College conveyance free of charge.
5. Certified that I have actually performed journey as mentioned in the bill and that amount claimed is not more than he amount actually spent.
I further certify that in the event of any deviation in my return journey to my headquarters which entitles me less T.A./D.A. I undertake to refund the excess amount paid to me if any.
6. Certified that I will not claim any TA/ DA/ Remuneration from any other establishment during the period of duty performed in this college.

Signature in full of the claimant

FOR OFFICE USE

Certified that he/she has attened the college business on _____ for _____ and no bill has been submitted previously for the purpose. The attendance of the officer has been taken at page No. _____ of the concerned attendance register.

Signature of the Sanctioning Head

Pay Rs. _____/- (Rupees _____) only towards Rail/Bus fare at Rs. _____ and C.A. / D.A. @ of Rs. _____ for _____ days.

Controller of Examinations

Paid Rs. _____/- (Rupees _____) only by cash/cheque No. _____ dated _____

Accountant

Grade Pay Above :	8,800/-	7,600/-	5,400/-	5,400/- below	4,600/- below	CA
DA per day :	200/-	180/-	150/-	140/-	130/-	100/-

Account No.
Bank
IFSC Code
Mobile No.



Voucher No. _____ Dated _____

KHALLIKOTE UNITARY UNIVERSITY

(Erstwhile Khallikote Autonomous College)

BRAHMAPUR BERHAMPUR - 760001 (ODISHA)

EXAMINATION REMUNERATION BILL FORM

Examination 20 Admitted Batch

Subject Paper Theory/ Practical

Assignment Paper Setting Moderation Valuation Tabulation

Name : _____
Designation : _____
Address : _____

Work Done	Number	Rate	Amount
1. Question Paper Setting			
2. Moderation (Chairman/Member of Board of Paper Setters)			
3. Chief Examiner (Examining/Non-examining)			
4. Examiner (Theory)			
5. Practical Examination (External/Internal)			
6. Viva voce			
7. Tabulation/Coding			
8. Project Examiner (Internal/External)			
9. Sitting Allowances (Board of Studies/ Academic Council/Conducting Board)			
10. Others :			
11. Postal Expenses (Receipt to be attached)			
TOTAL CLAIMED			

Rupees : _____

- Certified that any excess amount if received, will be refunded by me.

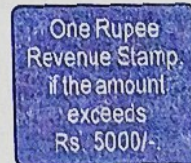
Signature of the Claimant

FOR OFFICE USE

Entitled for Rs. _____ Rupees _____
() only paid by Cash/
Cheque No. _____ Dated _____
Checked and found correct.

Dealing Assistant Principal Controller of
Confidential Section Examinations

Received the amount in cash/
cheque.



Signature of the Claimant

4. Anything the candidate wants to state _____

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Confidential

UNITARY UNIVERSITY
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BRAHMAPUR - 760001 (ODISHA)

EXAMINER'S REPORT

Examination Year

Subject Paper Theory/Practical Full Marks

No. of Candidates : Appeared Passed Failed

Percentage of Pass Average Marks

Five Highest marks

Opinion on Question Paper :

Report on the performance of the Candidates in general :

Other Remarks if any :

CERTIFICATE

Certified that I have checked the totalling of marks in the Answer Papers valued by my Assistant Examiners and found them correct.

Date :

Full Signature of the Examiner

Address _____

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KHALLIKOTE UNIVERSITY

BERHAMPUR-760001 (ODISHA)

CERTIFICATE FOR PRACTICAL EXAMINATIONS

Examination Year

Subject Paper

Date of Examination No. of Candidates Examined

Name and Address of the External Examiner

Name of the Internal Examiner

Certified that Dr./Sri/Smt. has reported on for preparation, for conduct of examination and for evaluation.

Centre Superintendent

KHALLIKOTE UNIVERSITY

BERHAMPUR - 760001 (ODISHA)

FORM FOR REPORTING CASES OF USE OF OR ATTEMPT TO USE UNFAIR MEANS AND/OR MISCONDUCT AT THE EXAMINATION

(One form sheet should be sent for each case)

_____ Examination, 201

Candidate's Roll No. _____ Regd no. _____

Name of the Candidate _____

Subject _____ Paper _____

Date _____ Sitting _____ Time of occurrence _____

I. Particulars of books, paper etc found in possession of the candidate (Those should be signed by the candidate concerned, Invigilators and Centre Superintendent. They are to be sent to the Controller of Examinations by name along with the answer books and report.)

1. Title of Book :

1. _____

2. _____

3. _____

2. Number of torn leaves of books
(State page nos. if available)

Page starting with _____

and ending with _____

3. Number of (1) manuscript slips (2) Sheets (3) Blotting paper

1. _____

2. _____

3. _____

4. Any other articles

1. _____

2. _____

3. _____

(If space provided is insufficient, use separate sheet of paper and this paper is to be signed by the candidate, Invigilator and Centre Superintendent.

II. (Statement to be given by the candidate in his own handwriting at the time of detection.)

1. Place from which the above articles were recovered (Give details like person, desk, chair etc.)

2. Reason of keeping them in spite of clear instructions :

3. Whether the materials found has been used _____

4. Anything the candidate wants to state _____



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INTERNAL ASSESSMENT EXAMINATION

Roll No.

Class

Subject

Date

Semester

Signature of the Invigilator

1. Examinees are to mention their Roll Number in full in the relevant column.
2. In the column meant for class, the candidate is expected to write the class, year and faculty.
Ex. : +3 1st Year Arts.
3. The assessment number may be ticked as per the number mentioned in the question paper.
4. The specific subject the candidate is appearing at may be clearly stated.
5. Candidates are expected to maintain perfect discipline and to follow the rules of conduct of examination.

Q.No.	Marks Awarded
1	<input type="text"/>
2	<input type="text"/>
3	<input type="text"/>
4	<input type="text"/>
5	<input type="text"/>
6	<input type="text"/>
7	<input type="text"/>
8	<input type="text"/>
9	<input type="text"/>
10	<input type="text"/>
Total	<input type="text"/>

Total marks in words : _____

Signature of the Examiner

KHALLIKOTE AUTONOMOUS COLLEGE

BERHAMPUR - 760001 (ODISHA)

Date _____

Name of the Examination _____ Room No. _____

ABSENTEE STATEMENT

PRESENT ROLL NOS.	ABSENT ROLL NOS.

No. of Present :

No. Absent :

Total :

Name of the Invigilators

1.

2.

3.

4.

Signature of the Invigilator(s)

KHALLIKOTE AUTONOMOUS COLLEGE BERHAMPUR - 760001 (ODISHA)

ATTENDANCE SHEET

Name of the Examination

No. of Internal Assessment

1st	2nd	3rd	4th	5th	6th
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Class Year Stream

Subject

Room No.

Date Time : From To

Roll No.	Serial No. of the Answer Book Used		Signature of Candidate in full
	Main	Additional	

Signature of the Invigilator