

**Office of the Controller of Examinations**

**CENTRAL VALUATION - Apr / May : 2019**

Ex.No:

**CLAIM FORM FOR EXAMINERS**

Name of the Examiner : Distance between the College in which working and ACCET, Karaikudi-4. Kms

Designation :

Department :

Institution in which working : Board Name:

Bank Details: A/c Number : Total Number of Days:

IFSC Code :

Bank / Branch Name :

Place of the Bank :

Date	Code No./ Title of the Subject	No.of. Scripts Valued	Rate per script UG Rs.20/ PG Rs.30	Valuation Amount Rs.	T.A. Amount Rs.	D.A. Amount Rs.	Total Amount Rs.
<b>Total</b>							

(Rupees \_\_\_\_\_)

**SIGNATURE OF THE CHAIRMAN**

**SIGNATURE OF THE EXAMINER**

Passed for Rs. _____ (Rupees _____) _____ ) and paid in cash/ NEFT thro' Bank.  <div style="display: flex; justify-content: space-between;"> <span><b>ACOE</b></span> <span><b>Controller of Examinations</b></span> </div>	FOR OFFICE USE	<b>RECEIVED PAYMENT</b> <div style="border: 1px solid black; width: 100px; height: 60px; margin: 0 auto;"></div> SIGNATURE OF THE EXAMINER (Affix Re.1/- Revenue Stamp if the claim is above Rs.5000/-)
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