



PRE-RECEIPTED BILL FOR PRACTICAL / VIVA VOCE & THESIS EXAMINER

ABBOTTABAD UNIVERSITY OF SCIENCE & TECHNOLOGY

Select Examiner:

Examination:

Select:

Examiner Name:

Address:

Examination Centre:

Subject:

No. of Students Examined:

No. of paper set:

No. of scripts marked:

FOR SECRECY SECTION
(Do not fill the Amount)

Received from the Assistant Treasurer, Abbottabad University a sum of Rs. _____ remuneration.

Examiner Signature

IMPORTANT NOTE:

1. No Payment will be made unless this bill is recieved properly signed & revenue stamp affixed
2. Bill should be sent alongwith the award lists / attendance sheet etc. with in a week after the examination

Revenue
Stamp
0.40/80

Submission Date:

Select Examiner:

Examination:

Select:

Examiner Name:

Address:

Examination Centre:

Subject:

No. of Students Examined:

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Submission Date: