CHHATTISGARH SWAMI VIVEKANAND TECHNICAL UNIVERSITY

North Park Avenue, Secto -8, Bhilai (C.G.) 490 009. Ph. No. : 0788-2261311, Fax No.: 0788-2261411

STATEMENT OF REMUNERATION PAID TO THE INVIGILATORS

Name of the Institution …….. Centre Code No. [ ]

Date of Examination …… Time …….

Semester	I	II	III	IV	V	VI	VII	VIII	Total
No. of candidates due to appear									

Total number of Rooms used: [ ]

S. No.	Room No.	No. of Candidates due to appear	Name of Invigilator	Amount of Remuneration	Signature of Invigilator
			Total: Rs.		
(Total Amount Paid Rs. (In Words):					

Name & Signature of Centre Superintendent

Date: ……

Seal