

UNIVERSITY OF JAMMU

INSPECTION BILL FOR INSPECTION OF INTERNAL ASSESSMENT RECORD

EXAMINATION

NAME & ADDRESS OF INSPECTOR _____

REFERENCE TO UNIVERSITY AUTHORITY NO: _____

S. NO.	NAME OF THE INSTITUTION	DATE OF INSPECTION	AMOUNT OF FEE	CONVEYANCE CHARGES	TOTAL

Certified that the conveyance was actually engaged and paid for the distance between my residence and the institution.

DATED: _____

SIGNATURE

[Signature Box]

SIGNATURE

Certified that Prof. _____ has inspected Internal Assessment record of _____

DEPUTY REGISTRAR (EVALUATION)

FOR USE IN THE ACCOUNTS BRANCH

Paid for _____ (Debit) _____
 ACCOUNTANT

ASST. REGISTRAR (ACCOUNTS)

Paid _____ vide Cheque NO. _____
 Dr. on Jammu and Kashmir Bank Ltd., Jammu.



UNIVERSITY OF JAMMU

(A-C Grade University Accredited by NAAC)

INSPECTION REPORT FOR THE INSPECTION OF INTERNAL ASSESSMENT RECORD OF THEORY AND PRACTICAL EXAMINATION FOR THE ACADEMIC SESSION OF _____ OF _____ EXAMINATION

Name of the Inspector

1. _____
2. _____

Name of the Examiner

Name of the Institute / Department

Date of Inspection

Whether the record was maintained in accordance with the regulation / guidelines.

Deficiency/Errors if any found while checking the Internal assessment record

Whether the above deficiency has been made up ?

Roll.No/s of student /s who have not Submitted their assignment /tests and have Been awarded even internal assessment even Without these. (Subject-wise/ class wise).

Roll. No/s of shortage cases whose lecture have not been counted (if any)

General remarks regarding maintenance of Record of Internal Assessment maintained By the Inst./ Deptt. & suggest improvement (if any).

Principal/Head
P.G.Deptt. of _____
(With Seal)

Signature of the Inspector

1. _____
2. _____

Note:

1. A copy may be retained by the principal / Head of P. G. Deptt. for reference
2. Please ensure that the blank columns of the Internal Assessment register have been closed

UNIVERSITY OF JAMMU

NAAC Accredited "A++" Grade University

TRAVELLING ALLOWANCE BILL

Name..... Designation.....
 Headquarters..... Address.....
 Basic Pay..... D.A.....
 Purpose of Journey.....

Departure/Stay		Arrival		Mode of Travel/Name of Train/Air	Ticket No.	Details/No. of Halts	AMOUNT	
Station	Date/Hours	Station	Date/Hours				Rs.	P.

Received Payment and certified that :-

1. No free pass for this journey was availed.
2. The journey was undertaken in the interest of the University and the fare charged is correct.
3. I travelled by the class of accomodation for which T.A. has been claimed.
4. No Government/University conveyance was used.
5. No free boarding and lodging is provided by the University.



Gross Total

Less advance drawn

Net Payment

COUNTERSIGNED BY

Sig. of the claimant/Payee

FOR USE IN ACCOUNTS BRANCH

Passed for Rs..... (Rupees.....)

by debit to

Assistant Registrar (Accounts)

Dyputy Registrar (Finance)

Joint Registrar