

Answer script evaluation Bill Form for Semester Final Examination Spring/Autumn-20.....

Name: _____ Designation: _____

Department: _____ Date: _____

Sl. No.	Date & Time	Course Code	Course Title	Program	No. Answer scripts (Final)	Taka
Grand Total =						

In words:

Signature of Course Teacher

The above bill is found correct. Necessary action may please be taken for payment of the bill.

Assistant Controller of Examinations

Controller of Examinations

***Please turn over
(For accounts section)***

Total Taka _____ (in words) _____ as

shown overleaf is passed for payment.

Treasurer

Accounts Officer
Finance & Accounts Section

Received Taka _____

Revenue
Stamp

If the amount is
400/- or above

Signature of Course Teacher