

পরীক্ষা নিয়ন্ত্রণ দপ্তর

Controller of Examinations

Invigilation Bill Form for Semester Final Examination Spring/Summer/Fall/Autumn 20							
Name: Designation:							
Depai	Department: Date:						
SI. No.	Date	Subject	Course Code	Time	Room No.	Taka	
				Gr	rand Total =		
In wor	ds:						
					Signature o	f Invigilator	
The at	oove bill is four	nd correct. Necessa	ary action may please	be taken for pa	ayment of the	bill.	

Assistant Controller of Examinations

(For accounts section)

Total Taka	(in words)	
Total Taka	(III WOIUS)	
as shown overleaf is passed for payment.		
Treasurer		Assistant/Deputy Director
		Finance & Accounts Section
		Deceived Tales
Revenue		Received Taka
Stamp		
If the amount is 400/- or above		Signature of Invigilator