			KE	RALA U	JNIVERS	SITY OF	HEALT	H SCIEN	CES,TF	IRISSUR -	680596	3			
			Conso	lidated St	atement o	f Expendi	ture incur	red for the	conduct	of <b>THEORY</b>	examina	tion			
College CIN No.		Name of college					Name of								
								Exami	nation						
Bank A/C No						Bank IFS Code		•	Contact No.						
1	2	3	4	5	6	7	8	9	10	11	12		13	14	15
			Prelir	ninary Arrar	ngements (ii	n Rs.)						Invigilator			
Date	Time	No. of Candidates	Office Supdt.	Clerk	Peon	Skilled Staff	Postage (Rs.)	Contingency (Rs.)	Chief Supdt. (Rs.)	Deputy Chief Supdt (Rs.) If No. of Candidates above 150	Internal Vigilance Officer (Rs.)	O	Remuneration (Rs.)	Other Staff (Rs.)	Total Amount (Rs.)
															<u> </u>
															-
	TOTAL														<u> </u>
TOTAL GRAND TOTAL															
			De	etails of oth	ner theory e				ith the abo	ove theory exa	mination				<u> </u>
		(NB			-			_		a NIL stateme		e furnis	shed)		
Date of examination			Name of Examination						No of Candidates		FN		AN		
									ĺ						

**CHIEF SUPERINTENDENT** 

## Enclosures to be attached to this statement

1) Forwarding Letter addressed to Finance Officer, KUHS	YES	NO	4) Original Postal bills	YES	NO
2) Acquittance of Remuneration	YES	NO	5) Details of other theory examinations conducted along with this	YES	NO
3) Original Contingent bills	YES	NO	examination with date and time (conducted on the same dates)		NO

	(NOTE: For any cl	arification you may contact Exam Financ	ce (Theory) PH: <b>0487-2207701</b> )	
				Amount
Claimed:	Balance Refunded via DD:	DD I	No. & Date:	
Counter signed by the Principal/He	ead of Institution	(office s	CHIEF SUPERINTENDENT	
		(For office use only)		<del>_</del>
Remuneration Total				
Contingency Total				
TOTAL				
Advance Drawn Rs.				
Amount Claimed Rs.				
Amount Admitted Rs.				
Balance Refunded Rs.				
Balance to be Refunded Rs.				
Balance to be paid Rs.				
Verified by	Assistant	Internal Auditor	SO	AR