SAURASHTRA UNIVERSITY

STATEMENT "E"

Payment to class IV Staff

Centre _____

College _____

Name of Examination _____

Serial No.	Name	Designation	Dates																		Total Remuneration
			M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	

No. of rooms used _____ No. of students who actually appeared in each session _____

CERTIFICATE

This is to certify that the Persons whose names are listed in the statement were employed for Examination work and that they have worked on the dates and sessions mentioned against their names.

Place _____

Date _____

Signature _____

Senior Supervisor