

Date and session(C & E)	Name of Original Assistant superintendent	Reason for change	Name of full official address of the casual Assistant Superintendents and his/her designation	Qualifications	Age	Recommended by	Orders from the University office
1	2	3	4	5	6	7	8

(For use by the University office)

Returned with order as in column No. 11 of (A) and No. 8 of (B)

Controller of Exams.

Yours faithfully,

Superintendent of the centre

Serial No.	Name of sanction required	Quantity	Rate per trip	Total trip	Total amount involved	Description of work in brief	Final orders of the controller of Examination with remarks, if any.
1	2	3	4	5	6	7	8

Signature of the superintendent No. Date

Returned in original with orders
Against each item

House No. Road or Mohalla of
residence during examination days

Address after examination:
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Deputy/Asstt. Registrar(Conduct)
For controller of Exams.
I.G. UNIVERSITY, MEERPUR

INDIRA GANDHI UNIVERSITY-MEERPUR REWARI

Duty Chart of the Supervisory and Inferior Staff engaged at theCentreExamination 20.....

Sr No.	Name of the Person engaged	Designation at the Centre	Dated and session on which required to attend	Signature	Remarks
1.	Assistant/Deputy Superintendent	.....	.....	.....
2.	Assistant Superintendent	.....	.....	.....
3.	-do-	.....	.....	.....
4.	-do-	.....	.....	.....
5.	-do-	.....	.....	.....
6.	-do-	.....	.....	.....
7.	-do-	.....	.....	.....
8.	Clerk	.....	.....	.....
9.	Daftri	.....	.....	.....
10.	Waterman	.....	.....	.....
11.	Chowkidar	.....	.....	.....