

INDIRA GANDHI NATIONAL OPEN UNIVERSITY MAIDAN GARHI, NEW DELHI – 110068



IGNOU REGIONAL CENTER JAIPUR

REMUNERATION BILL OF ACADEMIC COUNSELLOR/MRO/LAB ASSISTANT/ATTENDANT Study Center Code:_ Name of Study Center:___ Programme:_____ Semester:____ Academic Session_ **Nature of Counselling: Theory/Practical** Name: Date Time Course Students* Counselling Conveyance Total Code fee From To Allotted Attended

*Original attendance attached.

(Please make separate bill theory and Practical and for each programme)

Signature of Claimant

1. Certified that amount has not been claimed and drawn previously.

TOTAL

- 2. Certified that counseling was done according to the counseling schedule
- 3. Certified that the counseling was done by the counselor appointed for the programme/course by the University.

Signature of Coordinator/Progamme Incharge (with the rubber stamp of the Study center)