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Office of the Controller of Examinations

Claim for Setting Question Bank

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Name		Bank A/C No.	
Designation		Bank	
Department		Branch	
Institution Name and Address		IFSC Code	
		PAN No.	
		Mobile No.	
		E-mail id	

Sl. No.	Course Code	Course Name	Amount (₹ 1000)
1.			
2.			
3.			
Total			
Total Amount in Words:			

Date:
Place:

Signature

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Controller of Examinations