INDIRA GANDHI NATIONAL OPEN UNIVERSITY
Regional Center : Delhi-2

REMUNERATION BILL OF ACADEMIC COUNSELLOR/
MRO/LAB ASSISTANT/ATTENDANT

Study Center Code: _____ Name of Study Center: _____

Programme: _____ Semester: _____ Academic Session : _____

Name: _____ Nature of Counselling: **Theory/Practical**

Date	Time		Course Code	Students*		Counselling fee	Convey-ance	Total
	From	To		Allotted	Attended			
TOTAL								

*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.
2. Certified that Counselling 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/Programme Incharge
(with the rubber stamp of the Study Center)