

INDIRA GANDHI NATIONAL OPEN UNIVERSITY
Regional Center : Delhi-2

REMUNERATION BILL FOR ASSIGNMENT EVALUATION/HANDLING

Study Center Code: _____ Name of Study Center: _____

Programme: _____ Semester: _____ Academic Session : _____

Name: _____

Address : _____

Course Code	No. of Assignments*	Rate per assignment	Total
TOTAL			

* Copy of award list attached

(Please make separate bill for each programme)

Certified that evaluated the above assignments and sent evaluation report and the Award List(s) to the Coordinator/Programme Incharge on _____.

(Signature with date)

Certified that the evaluation reports and Award Lists have been forwarded to the Regional Center vide letter No. _____ dated _____

Signature of Coordinator/Programme Incharge
(with the rubber stamp of the Center)