

	ANNA UNIVERSITY : CHENNAI – 600 025 OFFICE OF THE CONTROLLER OF EXAMINATIONS <u>CLAIM FOR QUESTION PAPER / KEY SETTING</u>	Office : 044-2235 7273, 2235 7274 044-2235 7275, 2235 7276 044-2235 7277 Fax : 91-44-2230 1134, 2235 0291 Email : coeannaunivc10@gmail.com
	Ref. No .2700/_____ (Kindly fill Ref.No as given in the order) Date: _____	

Memo of work done in connection with Question Paper Setting / Preparing key for the **B.E./B.Tech./ B.Arch./M.E./M.Tech./ M.Arch./ MCA./MBA./M.Sc./Ph.D** Degree Examinations _____

Name (In Block Letters)		BANK					
		BRANCH					
Designation		A/c. No					
Department / Division		IFS Code					
College Name and Address		PAN No.					
		Mobile No					
		E-Mail ID					
Sl.No	Subject Code	Subject Name	No. of		Rate per		Amount □
			QP	Key	QP (1000/-)	KEY (2000/-)	
1.							
2.							
3.							
4.							
5.							
(Rupeesonly) <i>Claim amount will be shown in my IT statement.</i>						Total	

One Rupee revenue stamp is to be affixed if total claim is Rs. 5,000/- and above.

Station :

Date:

One Re.
Revenue
Stamp*

Signature

.....
 For Office Use only

Entered in page No.....of the payment Register for the year 20 - 20

Passed for payment of Rs. (Rupees.....)