

FORM NO.2

HIMACHAL PRADESH TAKNIKI SHIKSHA BOARD,DHARAMSHALA(DARI)-176057

Bill form for Moderators, Paper-setters, examiners and other Secrecy workers etc.

- 1. Paper Code No.....
- 2. Identity No. if any(Must be written)
- 3. Examination held in (Month & Year).....
- 4. Name (In capital letters)
- 5. Designation with complete.....
- Official address

- 6. Whether Government or
Non Government employee.....

- 7. If Govt. employee state Gazetted
or non Gazetted.....

8 Particulars of work

| done(Give details) | Rate | Amount |
|--------------------|------|--------|
| | | |
| | | |
| | | |
| | | |

- 9. It is certified that:-

(i) I have not claimed the payment earlier in respect of the above work in any bill.

.....

Signature of examiner

Name.....

Address.....

(For Office Use only)

Bill passed for Rs.

(In words)

Dy.Secy

Asst.Secy.

Supdt.

Asstt.

Dealing Clerk.