



INDIRA GANDHI NATIONAL OPEN UNIVERSITY
REGIONAL SERVICES DIVISION
REGIONAL CENTRE PUNE

BILL FOR RECOUPMENT OF IMPREST FOR THE MONTH OF _____

PLAN/ NON PLAN ACCOUNT
(Separate bills for Plan & Non Plan
expenditure may be submitted)

To,
The Regional Director,
IGNOU Regional Centre Pune
MSFC Building, 270, SB Road
Pune-411 016.

SC/PSC CODE: _____
IMREST AMOUNT FIXED: Rs. _____
REF No. _____

Sir,
Please arrange to recoup the imrest amount of Rs. _____

(Rupees _____)

for the month(s) _____. Details of expenditure incurred along with the relevant
vouchers are enclosed herewith.

Sr.No.	Head of Account Chargeable	Sub Voucher No.	Amount (In Rs.)
1.	Postage & Telegram		
2.	Telephone		
3.	Purchase of Stationery		
4.	<u>Purchase, Repair & Maintenance</u>		
	(i) Furniture		
	(ii) Equipment		
5.	Electricity and water charges		
6.	Printing & Binding		
7.	Entertainment Expenses		
8.	<u>Other Contingencies</u>		
	(i) Xerox		
	(ii) News Paper		
	(iii) Local Conveyance		
	(iv) Bank charges / DD Commission		
	(v) SOF Commission		
	(vi) Induction Meeting		

9. Counseling Charges (Programme wise)(Please refer to the new counseling Day wise Remuneration formats, **just add them**)

Programme	No. of Counseling Seesion held in this month	Total Amount paid	Programme	No. of Counseling Seesion held in this month	Total Amount paid
BCA (Theory)			MAH		
BCA (Practical)			MARD		
BDP / BA / Bcom			MCA (Theory)		
BSC			MCA (Practical)		
B.Com			MCOM		
B-Ed			MEC		
BLISC			MEG		
BPP			MHD		
BSC(N)			MLISC		
BTCM / BTWRE			MP		
BTS			MPA		
CIC (Theory)			MPS		
CIC (Practical)			MSC (MACS)		
CHCWM			MSW		
CIHL			MSO		
CWHM			MSW		
CRD / CBS			PGDDM		
CFN			PGDIBO		
DCE			PGDHMM		
DECE			PGDLAN		
DNHE			PGDMCH		
DTT			PGDMCH		
DTG			PGDRD		
DWM					
MA(Edu)					
MAPC					

10. **Assignment Evaluation Charges (Programme Wise)**

(Please refer to the new counseling Day wise Remuneration formats, **just add them**)

Programme	No. of Counseling Seesion held in this month	Total Amount paid	Programme	No. of Counseling Seesion held in this month	Total Amount paid
BCA			MARD		
BDP / BA / Bcom			MCA		
BSC			MCOM		
B.Com			MEC		
B-Ed			MEG		
BLISC			MHD		
BPP			MLISC		
BSC(N)			MP		
BTCM / BTWRE			MPA		
BTS			MPS		
CIC (Theory)			MSC (MACS)		
CIC (Practical)			MSW		
CHCWM			MSO		
CIHL			MSW		
CWHM			PGDDM		
CRD / CBS			PGDIBO		
CFN			PGDHHM		
DCE			PGDLAN		
DECE			PGDMCH		
DNHE			PGDMCH		
DTT			PGDRD		
DTG					
DWM					
MA(Edu)					
MAPC					
MAH					

10. Hiring of Computer time (Programme wise) just add them from the new format for practical

Name of Programme	Total Amount paid to the Host Institute
CIC	
BCA	
MCA	
BLISC	
MLIS	

11. Hiring of Laboratories (Programme wise) just add them from the new format for practical

Name of Programme	Total Amount paid to the Host Institute
BSC	
ADCM	
PGDMCH	
BSC (N)	
B-ED	

12. Payment to MRO(Machine Room Operator) Programme wise

Name of Programme	Total Amount paid to the Host Institute
CIC	
BCA	
MCA	
BLISC	
MLIS	

Total Expenditure Rs._____

1. Certified that purchase of Nos.of_____ at Rs._____ Each was approved by_____ vide notes of page_____of file No._____
2. Certified that the article have been purchased after calling a for quotation and where lowest quotations accepted, reasons have been recorded. The purchase billed for having mentioned in the supply order, their quantities are correct and quality good. The rates paid are not in excess of the accepted and the market rates and that suitable not of payment have been recorded against the indents and invoices concerned to prevent double payment.
3. Certified that all the overhead charges i.e. loading, packing sales tax etc. as claimed by the suppliers are in accordance with their quotations as accepted and that these have not been paid for separately.
4. Certified that the officer who has signed the vouchers attached to the bill is duly authorized to do so.
5. Certified that the freight and other charges mentioned in the bill have been verified and found to be correct.
6. Certified that rates of Sales tax charged by the firm have been verified and are correct and that goods in question are not such as have been exempted under Central Sales Tax Act.
7. Certified that the expenditure included in this bill could not with due regard to the interest of the University, be avoided, Sub-Vouchers for all the sums are attached to this bill.
8. Certified that all the articles detailed in sub vouchers attached to the bill have been accounted for in the respective Stock Register.
9. Certified that all the monetary or quantitative limits prescribed in the respect of items of contingencies included in the bill have not been exceeded.
10. Certified that to the best of my knowledge and belief the payments entered in this bill have been duly made to parties entitled to receive.
11. The balance under the head of expenditure is Rs._____ according to the books of the Department, before payment of the bill under reference.
12. Certified that the amount is actually due and that it has not been claimed earlier.

Signature
Assistant
Date:

Signature with Stamp
PIC/ Coordinator
Date:

For the Regional Centre

Passed for payment/ recoupment for Rs._____ (Rupees_____)

Assistant Registrar
IGNOU,RC, Pune

Regional Director
IGNOU,RC, Pune



INDIRA GANDHI NATIONAL OPEN UNIVERSITY
Regional Centre: Pune – 411 016

Name : _____

Design : _____

Dvn. : _____

LOCAL CONVEYANCE BILL FORM

Date/Time	Place visited		Mode of conveyance	Actual Fare	Purpose of Journey
	From	To			

(Rupees _____ only)

Certified that I actually spent the amount claimed in this bill in respect of the journey indicated above in connection with official work.

Signature

Received Rs. _____ (Rupees _____ only)
As per details above

Date :

Signature

CERTIFICATE

Certified that the official has not been paid more than Rs.300/- during the month of _____ as local conveyance charge.

PIC / Coordinator

S.C. Code :

Place :

INDIRA GANDHI NATIONAL OPEN UNIVERSITY

REGIONAL CENTRE-PUNE.

Serial No./Voucher No.

DAYWISE COUNSELLING ACTIVITY: ATTENDANCE DATA + PAYMENT CHARGES (FORM-1/99)

(All Programmes included i.e. one sheet/day !)

DATE : _____ DAY _____ MONTH _____

Sl. No.	TIME		PROG CODE	BRIEF DESCRIPTION OF THE TIME SPENT/ACTIVITY				HONORARIUM FOR THE COUNSELLOR			
	FROM	TO		COURSE/BLOCK	NUMBER OF STUDENTS ATTENDED**	NAME OF THE COUNSELLOR	THEORY/PRACTICALS	COUNSELLING CHARGES	CONVEYANCE CHARGES	TOTAL	SIGNATURE OF THE COUNSELLOR
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											

** Attach attendance sheet FORM-2-99

PASSED FOR PAYMENT OF Rs. _____ (Rs. _____)

Paid in cash/vide cheque No. _____, dated _____

Prepared by _____

CENTRE

Asstt. Coordinator
(signature)
with date

Seal of the
Study Centre

CO-ORDINATOR
IGNOU STUDY
with date

- Computer Hire Charges and Machine Room Operator Charges should be claimed separately supported by Attendance Sheet.

**INDIRA GANDHI NATIONAL OPEN UNIVERSITY
PUNE REGIONAL CENTRE**

SC/PSC CODE: Palce:

Sheet No/ Serial No.

SESSION / DAYWISE: ATTENDANCE SHEET (form-2/99)

Date _____ Day _____ Month _____

Proramme Code		Course		Practical/ Theory Timing :	
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Sl. No.	Name of the Student	Enrolment No.	Signature of the Student
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

If attendance is more please use additional sheet:
** To be written by the student only

Certified & Signed by
Counselor
With date

Signature PIC/
Asst. Coordinator
with date

SEAL

Coordinators
Signature
With date

Indira Gandhi National Open University
Study Centre Code:.....

Address:
.....
.....

Remuneration bill for evaluation of assignments / handling charges
Programme.....
Course.....
Name of Conunsellor/ Coordinator
Address:
.....
.....

Details of Assignments Evaluated:

Batch	Course No.	Assignment Number	No. of Assignment	Rate per Scripts		Amount	
				Rs.	P.		

Total

(Rupees.....)

Certified that I have assessed/ evaluated above detailed assignments/ scripts and sent the 'awar' vide award list
No.....dated.....to the coordinator, IGNOU
SC.....

Date.....

Signature
Evaluator

Verified / Passed for payment of Rs.....(Rs.....)

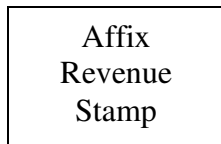
Certified that the evaluation report on above assignments has been forwarded to Evaluation Division vide letter
No.....dated

Date.....

Signature
Coordinator

Received a sum of Rs.....(Rupees.....) by cash /
Cheque No.....dated.....

Date.....



Signature
Evaluator

**Award list for Assignments
(To be filled in Triplicate)**

Programme _____

Course Code _____

Study Centre Code N. _____

Assignment No. _____

Place _____

Maximum Marks/ Grade _____

Note: Please arrange Enrolment Nos. in ascending order only and write complete and correct Enrolment No. should consist of 9 digits

Sr.No.	Enrollment No. (nine digits)									Name of the Candidate	Award
											TMA-1
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12.											
13.											
14.											
15.											
16.											
17.											
18.											
19.											
20.											
21.											
22.											
23.											
24.											
25.											

Signature of Coordinator _____

Date _____

Office Stamp

Signature of Evaluator _____

Date _____

Name & Address _____

Evaluators Code No. _____

* Original Copy for Student Registration & Evaluation Division. Second Copy Regional Directors record and third copy for Study Centre record.