



SHRI JAGANNATH SANSKRIT VISHVAVIDYALAYA, SHRI VIHAR, PURI

ALPHEBETICAL LIST OF THE CANDIDATES FOR THE UPASHASTRI (Regular / Ex-Regular /Compartmental) Examination, 2018
Name of the Institution & complete Address Both in English & Devanagari

College Code: _____

In English: Name _____ At _____, P.O. _____, Via _____, Dist _____, PIN _____.

In Devnagari: Name _____ Mob _____

Sl. No.	Roll Number	Name of the Candidate		Regd. Number	Sex Male / Female	Caste SC/ST/SEB/C/Gen	Nature of appearance : All Sub./Compartmental	Compulsory			Sastriya Optional A. Vedanta, DHS, Jyotish, Krma Kanda, Nyaya, Puran, Veda, Yoga.	Modern Optional Economics, Education, History, Pol. Science	RPT. Paper & subjects	Fees Deposited
		Name of the Father						M.I.O. (Odia, Sans., Hindi, A. English)	English	S.S. VYK, S.S. SHA, S.S. SVD.				
		Name of the Mother												
		In English (Capital Letter)	In Devanagari											

Certified that the statement is true as per Official records.

Verified & found correct

Verified & found correct

Signature of the Principal with date and seal

Full Signature

Full Signature



SHRI JAGANNATH SANSKRIT VISHVAVIDYALAYA, SHRI VIHAR, PURI

STATEMENT OF ACCOUNTS ON REMITTANCE OF FEES FOR UPASHASTRI EXAMINATION, 2018

(Form No. 22)

Use separate sheet for each category (To be submitted with 3 copies)

College Code: _____

Name of the Institution: _____ At _____, P.O. _____, Via _____, Dist _____, PIN _____.

Upashas tri	Tota l No. of Stud ents	Regdn. Fees (Menti on Challa n No.)	Fee for	Exam.	Exam.	Provisio	Origina	Migratio	Reco	Comp	Centr	Cross	Enrol	Super	Subse	1 st Late	2 nd	3 rd	Total
			Application form	Fee with practica l	Fee without (Practic al)	nal- cum- Mark sheet	l Certific ate	n Certifica te	gnitio n fee	puter Proce ssing Fee	e Charg e	Chec k List	ment Fee	vision Fee	quent Regn. Fee	fine	Late fine	Late fine	
			@Rs. 5/-	@Rs. 120	@Rs. 90	@Rs. 50	@Rs. 100	@Rs. 50	@Rs. 10	@Rs. 25	@Rs. 120	@Rs. 10	@Rs. 20	@Rs. 30	@Rs. 20	@Rs. 50	@Rs. 100	@Rs. 200	
Regular																			
Ex- Regular																			
Compart mental																			
Total																			

For use in Office

Bank Draft No. & Date

Amount

Grand Total amount deposited Rs:

Bank Draft No. & Date

Amount

In words Rupees

Memo No. / Dt.

Copy along with _____ Nos. of Bank Drafts

forwarded to Comptroller of Finance for information and necessary action.

Controller of Examinations

Full Signature of Principal with Seal & Date