UNIVERSITY OF DELHI
EXAMINATION BRANCH-VII

BILL PROFORMA FOR WRITER FEES

Name of the Candidate _____

Name of the Centre _____

Examinations _____

Year of Examinations _____

University of Roll No. _____

Date of Examinations _____

Total No. of Papers _____

Total Amount _____

Telephone No. of the Candidate _____

Fee Paid to the Writer By : Superintendent/Candidate

DETAILS OF WRITER

Name of the Person _____

Residential Address _____

_____

Phone NO. _____

Signature of the Candidate

Certificate that the information as provided by the candidate has been verified and found in order.

Signature of the Superintendent

Of the Centre with seal

Encl:

1. Copy of the Medical Certificate
2. Copy of the Admit Card
3. Identity of the Writer
4. Bank details of the candidate- Photocopy of cheque/Passbook