

## **Claim Form for Writer Allowance**

Name of Student : \_\_\_\_\_

Semester : \_\_\_\_\_

Roll No. : \_\_\_\_\_

University Regd. No. : \_\_\_\_\_

Name of College/Instn. : \_\_\_\_\_

Name of Writer : \_\_\_\_\_

Address & Educational : \_\_\_\_\_

Qualification of Writer : \_\_\_\_\_

\_\_\_\_\_

Rate		Amount
Internal Exam/Test @ Rs.200/-	External Exam @ Rs.500/-	
Total		

1. *Whether copy of recommendation of Medical Officer, MZU (Yes/No)*
2. *Whether copy of updated Disability Certificate is enclosed (Yes/No).*
3. *Whether copy of Students ID enclosed (Yes/No).*

Signature:  
(Writer)

Recommended by

Name :

(Head of Department / Principal)  
(With seal)

Signature / Thumb Impression  
Date:

**Claim Form for Escort Allowance**  
**@ Rs.2000/- per month**

Name of Student : \_\_\_\_\_

Semester : \_\_\_\_\_

Roll No. : \_\_\_\_\_

University Regd. No. : \_\_\_\_\_

Name of College/Instn. : \_\_\_\_\_

Name of Escort : \_\_\_\_\_

Address & Educational

Qualification of Escort : \_\_\_\_\_

\_\_\_\_\_

From	To	Month	Amount
		<b>Total</b>	

1. *Whether copy of recommendation of Medical Officer, MZU (Yes/No)*
2. *Whether copy of updated Disability Certificate is enclosed (Yes/No).*
3. *Whether copy of Students ID enclosed (Yes/No).*

Signature:  
(Escort)

Recommended by

Name :

(Head of Department / Principal)  
seal)

Signature / Thumb Impression (With  
Date:

## **Claim Form for Reader Allowance**

Name of Student : \_\_\_\_\_

Semester : \_\_\_\_\_

Roll No. : \_\_\_\_\_

University Regd. No. : \_\_\_\_\_

Name of College/Instn. : \_\_\_\_\_

Name of Reader : \_\_\_\_\_

Address & Educational

Qualification of Reader : \_\_\_\_\_

\_\_\_\_\_

Period	Rate	Amount
1 Semester (6 months)	@ Rs.2000/- per month	
Total		

1. Whether copy of recommendation of Medical Officer, MZU (Yes/No)
2. Whether copy of updated Disability Certificate is enclosed (Yes/No).

3. *Whether copy of Students ID enclosed (Yes/No).*

Signature:  
(Reader)

Recommended by

Name :

(Head of Department / Principal)

Signature / Thumb Impression (With seal)

Date: