

**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