CENTER NUMBER & NAME OF THE CENTER	Number of Students allotted								Additional			Invigilators (mention number of invigilators worked)						ABSTRACT			BANK ACCOUNT DETAILS (STATE BANK OF INDIA ONLY)						
		Chief Superintendent				Departmental Officer:			Departmental Officer / Sitting Squad (if applicable)						CLERK	ATTENDER	CLASS - IV	TA & DA, C.A	CONTENGE NCIES &		Chief Superinte ndent	Name of the Bank	Name of the	IFSC Code			
		T.A	D.A	Remunaration	TOTAL	T.A	D.A	Remunaration	TOTAL	T.A	D.A	Remunaration	TOTAL	T.A	D.A	Remunaration	TOTAL				C.A	REMUNARA TION		Bank A/C No		Branch	Code

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BUDGET ESTIMATION

Signature of the Chief Superintendent

Name:

Mobile No.

Center	Name of the	Name of the Chief	Name of the Departmental	Name of the Additional Departmental		1	NVIGILATOR D	ETAILS	
No Center	Superintendent with address	Officer with address		Sno	Name of the Invigilator appointed	Designation	Working Place	Mandal	
					1				
					2				
					3				
					4				
					5				
					6				
					7				
					8				
					9				
					10				
					11				
					12				
					13				
					14				
					15				

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SIGNATURE OF THE CHIEF SUPERINTENDENT

Name :

Mobile No.