

UNIVERSITY OF DELHI  
EXAMINATION BRANCH - VI

**BILL PROFORMA FOR WRITER FEES**

Name of the Candidate \_\_\_\_\_

Name of the Center \_\_\_\_\_

Examinations \_\_\_\_\_

Year of Examinations \_\_\_\_\_

University 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