

TELANGANA STATE BOARD OF INTERMEDIATE EDUCATION
SPOT VALUATION CAMP _____

MARCH / JUNE 202

LOCAL CONVEYANCE

Examiner No.

--	--	--	--	--	--	--

 Subject _____

Name : _____
College : _____
Designation at the camp : _____
Days attended : From _____ to _____
No. of days : _____
Amount : _____

Signature of the Claimant

CE

ACO

CAMP OFFICER

TELANGANA STATE BOARD OF INTERMEDIATE EDUCATION
SPOT VALUATION CAMP _____

MARCH / JUNE 202

LOCAL CONVEYANCE

Examiner No.

--	--	--	--	--	--	--

 Subject _____

Name : _____
College : _____
Designation at the camp : _____
Days attended : From _____ to _____
No. of days : _____
Amount : _____

Signature of the Claimant

CE

ACO

CAMP OFFICER