

# JUNIOR RED CROSS KERALA

JRC A/B/C Level EXAMINATION 20.....-20.....

Name of District.....Examination Level....

NAME OF EVALUATION CENTRE:.....

## Acquittance Register

Sl No	Name of Teacher	No of papers Evaluated	TA	Total Amount	Signature
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Sl No	Name of Teacher	No of papers Evaluated	TA	Total Amount	Signature
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
43					
44					
<b>Grand Total</b>					

Date:

school seal

Signature of Chief superintendent