

**BOARD OF INTERMEDIATE EDUCATION : ANDHRA PRADESH
SPOT VALUATION CAMP**

**MARCH / JUNE 20
LOCAL CONVEYANCE**

Examiner No.

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 Subject _____

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

Signature of the Claimant

CE

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CAMP OFFICER

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