

STATE COUNCIL FOR OPEN AND LIFELONG EDUCATION - KERALA

DIPLOMA IN YOGIC SCIENCE AND SPORTS YOGA (IInd BATCH) DECEMBER 2025

EXPENDITURE STATEMENT (THEORY)

Financial Year:	2025-26	Total Pages:		Total No. Vouchers	
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1. Exam Centre Code :
2. Name of the Exam Centre :
3. Name of the Chief. Supdt. :
4. Name of the Deputy Chief Supdt.(Theory only):
5. Advance Sanctioned Order No. :
6. Total No. of Students registered for Yoga course (IInd Batch) :
7. No. of Students registered for the Yoga course Exam - December 2025 :
8. Total No. of Students attended in the Exam - December 2025 :

Details of Advance Sanctioned:

Vr. No.	Particulars	Allotted Amount	Expenditure
	Remuneration to Chief Supdt.		
	Remuneration to Deputy Chief Supdt.		
	Remuneration to Invigilator		
	Remuneration to Internal Examiner (Practical)		
	Remuneration to Clerk/Office Attendant		
	Contingency/Stationary charges		
	Total		

Advance Amount Sanctioned	Rs.
Expenditure	Rs.
Balance amount to be Refunded	Rs.
Balance to be Re-imbursed	Rs.

Date &
(School Seal)

Signature :
Name :
Chief Superintendent/Principal



STATE COUNCIL FOR OPEN AND LIFELONG EDUCATION - KERALA

DIPLOMA IN YOGIC SCIENCE AND SPORTS YOGA (IInd BATCH) DECEMBER 2025 EXPENDITURE STATEMENT (PRACTICAL)

Table with 4 columns: Financial Year, 2025-26, Total Pages, Total No. Vouchers

- 1. Exam Centre Code
2. Name of the Exam Centre
3. Name of the Chief. Supdt.
4. Name of the Deputy Chief Supdt.(Theory only):
5. Advance Sanctioned Order No.
6. Total No. of Students registered for Yoga course (IInd Batch)
7. No. of Students registered for the Yoga course Exam - December 2025
8. Total No. of Students attended in the Exam - December 2025

Details of Advance Sanctioned:

Table with 4 columns: Vr. No., Particulars, Allotted Amount, Expenditure. Rows include Remuneration to Chief Supdt., Deputy Chief Supdt., Invigilator, Internal Examiner, Clerk/Office Attendant, Contingency/Stationary charges, and Total.

Summary table with 2 columns: Description, Amount (Rs.). Rows include Advance Amount Sanctioned, Expenditure, Balance amount to be Refunded, and Balance to be Re-imbursed.

Date & (School Seal)

Signature :
Name :
Chief Superintendent/Principal