GOVERNMENT COLLEGE OF ENGINEERING, JALGAON (An Autonomous Institute of Government of Maharashtra) National Highway No.6, Jalgaon -425001 (0257-2281522 Fax- 0257-2281319

Email- princoej@rediffmail.com

website: www.gcoej.ac.in

Bill for Remuneration of Examination Work.

| Fro | m: | | | | | | | |
|------------------------------------|---|-----------------------------------|-----------------------|-------------------------|----------------------|--|--|--|
| Nam | | | | | | | | |
| Desig | gnation and Affiliation | : | | | | | | |
| Addr | ess for Communication | 1: | | | | | | |
| Emai | 1: | | Mobile No | | | | | |
| Bank | Name & Address: | | | | | | | |
| Bank Account No.: | | | Bank IFSC Code: | | | | | |
| Examination: Summer/Winter/Re-Exam | | | Y | Year of Examination:202 | | | | |
| Gove Jalga Subj | Controller of Examinaternment College of Engon – 425002. ect: Submission of rence: Your order No | gineering, Jalgaon, | | ited | | | | |
| | fadam, reference to above cite | ed subject, I am su | ibmitting my remun | eration bill as o | letailed below. | | | |
| Sr. No. | Description of Examination Work | Course Code and Course Name | Rate per Unit (In Rs) | Quantity | Total amount (In Rs) | | | |
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| Tota | 1 = | | | | | | | |
| Than | king You, | | | | Yours Faithfully, | | | |

| | Certificate | | | | | | | |
|------------------------|--|--------------------------------|-----------------------|----------------------------|----|--|--|--|
| It is hereby certified | ereby certified that expenditure of this bill Rs | | | | | | | |
| examination work/a | ectivity as per examination rules of this institut | | been | incurred | fo | | | |
| Date: | Exa | amination (Nar | n section ne and s | | | | | |
| The amount of Rs | (In word) of this bill may be passed. | | | | | | | |
| Date: | | | | r in charge e and sign) | | | | |
| | (In word) of this bill is passed. | | | | _ | | | |
| Date: | AEC clerk (Name and sign) | Dean Academics (Name and sign) | | | | | | |
| D | Receipt | | | | | | | |
| Payment received R | | | | | | | | |
| Date: | Recipient (Name and sign) | Cashier (Name and sign) | | | | | | |