



PUNYASHLOK AHILYADEVI HOLKAR SOLAPUR UNIVERSITY, SOLAPUR

BE-01

LOCAL CONVEYANCE ALLOWANCE BILL FORM

Cash / Cheque No. / UTR No. _____

Date : _____

- Note:**
- 1) All entries in this bill must be filled in before claiming payment.
 - 2) The Paper-Setter / Examiner / Sr. Supervisor concerned must get this bill countersigned by the chairman or Senior Examiner or Internal Senior Supervisor.
 - 3) No claim for the payment of Local Conveyance Allowance will be entertained after the lapses of 6 months from the date on which it was due.

Name : _____
(beginning with surname
in BLOCK LETTERS)

Nature of work : _____

Name of Examination : _____

Local Conveyance Allowance are due to me as under :	₹
1) For attending _____ work as _____ at _____ from _____ to _____ (No. of Days = _____)	
2) Special Allowance : _____ x _____ days = _____	
Total ₹	

College Address _____

Declaration to be signed by those getting remuneration.

Mobile Number _____

“Certified that both way distance between my registered address and place of work is more than five kilometre”.

(_____)
Claimant's Signature

Date : _____

* Certified that Paper – Setter / Examiner / Sr. Supervisor preferring this claim was present at the meeting / Supervision as stated above.

(_____)
Signature

(Chairman / Senior Examiner / Internal Senior Supervisor /
concerned authority

BANK DETAILS FOR ONLINE PAYMENT

Name of Bank : _____

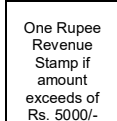
Name of Branch : _____

Account Number : _____

IFS Code: _____

PAN : _____

Received payment signature



Passed for ₹ _____
Rupees (in words) _____

Date _____

Section Officer (Exam)	Asst. Registrar (Exam)	Dy. Registrar (Exam)	Accountant (Account)	Asst. Registrar (Account)	Dy. Registrar (Account)	Finance and Accounts Officer
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