



PUNYASHLOK AHILYADEVI HOLKAR SOLAPUR UNIVERSITY, SOLAPUR

BE-25

INTERNAL / EXTERNAL SENIOR SUPERVISOR / IT CO-ORDINATOR REMUNEIRATION BILL

General Bill Register Sr. No. _____

Voucher No. _____

Payment Register page No. _____

Cash / Cheque No. / UTR No. _____

Name of the Internal/External/
IT Co-ordinator
(beginning with surname in
BLOCK LETTERS)

Senior Supervisor at the

_____ Examination

Of April / May, 20
October

_____ Centre

| | |
|--|----------------------|
| <p>1. The amount due to me as Senior Supervisor IT Co-ordinator Examination for _____ Days at the prescribed rate Full days _____ From _____ to _____ For having worked From _____ to _____ Half day's From _____ to _____ Of _____ 20</p> | ₹ |
| <p>Received payment (Signature & Date) _____</p> | Grand Total ₹ |

College Address _____

Mobile Number _____

I hereby declare that no travelling allowance from any public or semi-public authority for a part or the whole of journey in respect of the above bill has been claimed by me.

| BANK DETAILS FOR ONLINE PAYMENT | | | | |
|---------------------------------|----------------|----------------|----------|-----|
| Name of Bank | Name of Branch | Account Number | IFS Code | PAN |
| | | | | |

One Rupee Revenue Stamp if amount exceeds of Rs. 5000/-

Signature of
(Chairman / Senior Examiner / Internal
Senior Supervisor / concerned authority)

Claimant's 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

Note: The prescribed rate of payment is Rs.60/- per day and Rs.30/- for half day. (Four hours paper shall be counted as half day)
Note : The Bill should be submitted at Examination Centre only.