



PUNYASHLOK AHILYADEVI HOLKAR SOLAPUR UNIVERSITY, SOLAPUR

BE-29

LABORATORY SUPERVISOR REMUNEIRATION BILL

General Bill Register Sr. No. _____

Voucher No. _____

Payment Register page No. _____

Cash / Cheque No. / UTRNo. _____

Laboratory Supervisor
(beginning with surname in
BLOCK LETTERS)

Laboratory Supervisor at the _____ Examination

of April/May, 20 _____ Centre

October

Subject _____

1. The amount due to me as Laboratory Supervisor at the above Examination for _____ days at the prescribed rate of ₹ _____ per day for having worked on (Date) _____ Of _____ 20 The Practical lasted for _____ hours	₹
Received payment (Signature & Date) 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 _____

1. Certified that (i) none of the examiners for the practical examination was a member of the staff of the college or (ii) examiners were not required to be personally present at the time of the practical examinations
2. The practical lasted for 4 hours/more than 4 to 7 hours
3. Two practical's were conducted (strike out which in not required)

Section Officer
(Exam)

Asst. Registrar
(Exam)

Dy. Registrar
(Exam)

Accountant
(Account)

Asst. Registrar
(Account)

Dy. Registrar
(Account)

Finance and Accounts
Officer