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|  | **GOVERNMENT COLLEGE OF ENGINEERING KARAD***(An Autonomous Institute of Government of Maharashtra)*Vidyanagar, Karad Dist. Satara MH PIN-415124<http://gcekarad.ac.in> Phone: 02164 272414, 9545272414 principal@gcekarad.ac.in  | **महसूल व वन विभाग, महाराष्ट्र शासन ...** |

**LOCAL CONVEYANCE RECEIPT**

 Received Rs. \_\_\_\_\_\_\_\_\_\_\_ (in words \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for \_\_\_\_\_ days from the Principal, Government College of Engineering, Karad towards the payment of Local Conveyance charges for attending the meeting of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ dated / / 20 at \_\_\_\_\_\_ am/pm.

 Certified that, I have not claimed conveyance charges for attending any other meetings of this institute on the above-mentioned date.

Place: Karad **Signature of Claimant**

Date: / / 20\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 College:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Date:** |  **Clerk Signature** | **Head of Department** |
|  | **Name:** | **Name:** |
| **Date:**  | **Exam Cell Clerk** | **Controller of Examination** |