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FORM NO.M-01

 **GOVERNMENT COLLEGE OF ENGINEERING, KARAD**

 ***(An Autonomous institute of Govt. of Maharashtra)***

**VIDYANAGAR, KARAD, 415124 DIST SATARA**

**Phone – ( 02164 ) 272414**

**Website :** [**www.gcekarad.ac.in**](http://www.gcekarad.ac.in) **Email :** **principal@gcekarad.ac.in**

**EXAMINATION REMUNERATION BILL FORM**

**Examination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name of Internal/External Examiner: ……………………………………………………….

 **Exam Order Number**: ……………………………………………………….

Address for correspondence **:** ……………………………….……………………..

 …………………………………………………..….

Contact No. : : (P)…………………….. (M) : ….………..………...

**Bank details :** Name of Bank & Branch : …………………………………….……………

 Account Number  : …………………………………….……………

IFSC Code of Bank : …………………………………….……………

|  |  |  |
| --- | --- | --- |
| Course Code & Course Name | **Theory** | **Practical** |
| Paper Setting | Assessment of Ans Books | Practical/Oral/Project Exam |
| Amount | No. of A.B. assessed | Amount | No. of candidates | Amount |
|  |  |  |  |  |  |
| **Total** |  |  |  |  |  |

Grand Total (in figures) …………………..

Rs (in words) …………………………………………………………………………………….

Date: Signature of Examiner Sign of HoD

The claim preferred in the bill as overleaf has been checked, recommended for sanction

Rs. ………….. (in words) ………………………………..……………………………………..

Signature of Clerk CAC/Paper Setting Coordinator Controller of Examination

**Account Section**

Paid Rs. ………………… in words ……………………………….………………………….

Cheque/Cash …………………………. Dated ....................

Clerk Account Section Registrar/AO