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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](mailto:principal@gcekarad.ac.in) | **[महसूल व वन विभाग, महाराष्ट्र शासन ...](https://www.google.co.in/url?sa=i&url=https://rfd.maharashtra.gov.in/&psig=AOvVaw2L1gP5ilKdy5FMtMUwHI2N&ust=1592552290763000&source=images&cd=vfe&ved=0CAIQjRxqFwoTCJCmrevsiuoCFQAAAAAdAAAAABAD)** |

**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 Practical / Project / Dissertation / Seminar for Winter / Summer / Makeup 20 \_\_\_ Examination on date / /20\_\_ at \_\_\_\_\_\_ AM/PM to date / / 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.

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| Name of Examiner |  | | |
| Bank Name | Branch & City Name | Account No. | IFSC Code |
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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** |