****

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:**

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

**Exam Order Number**: No.GCEK/EXAM – /Pset/

**Address for correspondence:** Government College of Engineering, Karad

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

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

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

IFSC Code of Bank :

|  |  |
| --- | --- |
| **Course Code & Course Name** | **Theory** |
| **Paper Setting** |
| **Question Paper Amount** | **Solution Amount** | **Total Amount** |
| **Course Code :****Course Name :****No. of Sets :**  |  |  |  |
| **Total Amount** |  |

**Grand Total (in figures)** …………………..

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

Date: Signature of Examiner

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

Rs. ………….. (In words) ………………………………..……………………………………..

Signature of Clerk Paper Setting Coordinator Controller of Examination

**Account Section**

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

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

Clerk Account Section Registrar/AO