

GUJARAT TECHNOLOGICAL UNIVERSITY
EXAMINATION REMUNERATION BILL

B.E /B.PHARM/DIPLOMA _____ / PG _____ / _____ EXAMINATION 20__

Surname
(In Block Letter)

Name of Examiner

Father's Name

Institute Name: _____

Branch : _____

E-Mail ID : _____

Mobile No: _____

Sr. No	Particulars	Date of Exam	Subject name (with code)	No. of answer books assessed	Answer book lot Nos.	Rate (Rs.)	Amount (Rs.)
1	Examining Answer books						
(amount in words) Grand total							
Deductions if any							
Net amount payable							

Name : _____

Address : _____

: _____

Received

CERTIFICATE

I hereby certify that above details are correct and I am a resident of India and that the provision of the Income tax-act 1961 is applicable to me and shall comply with it.

Date : _____ Signature of Examiner _____

CERTIFICATE

This is to certify that Shri/Smt/Kum _____ received unassessed answerbooks on dt. _____ and returned assessed answerbooks on dt. _____ (total days=_____). He/she has completed assigned work **within/ not within** time limit.

Date : _____

Name & Signature of GTU coordinator

FOR GTU USE ONLY

Passed for Rs. _____ (in words _____)

Date:

Controller of Examination

Account officer

GUJARAT TECHNOLOGICAL UNIVERSITY

EXAMINATION REMUNERATION BILL

B.E /B.PHARM/DIPLOMA _____ / PG _____ / _____ EXAMINATION 20__

Surname
(In Block Letter)

Name of Examiner

Father's Name

Institute Name: _____

Branch : _____

E-Mail ID : _____

Mobile No: _____

Sr. No	Particulars	Subject name (with code)	No. of answer books assessed	Rate (Rs.)	Amount (Rs.)
1	Manuscript preparation charges		_____		
2	Postal charges (attach receipt)				
Grand total					
Deductions if any					
Net amount payable					

Name : _____

Address : _____

: _____

Received

CERTIFICATE

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