

Payment Register Page No. _____ CBF _____ Voucher No. _____

Cash/Cheque No. _____ Date _____

The Registrar,
Kavayitri Bahinabai Chaudhari North Maharashtra University, Jalgaon _____ Dr.

To
Name of the Junior Supervisor KUMBHAR PUGHPA BHAIDAS.
(In Block letters beginning with Surname)

at the S.Y. / T.Y. B.GC Examination/s

of April / October 2019 (Thalner Centre).

Place of Examination M.G. Telf Senior College, Thalner.

The amount due to me as Junior Supervisor at the above Examination/s for having worked.

(i) for _____ FULL days* on _____ (dates)

(i) for _____ HALF days* on 01/11, 04/11, 06/11, (dates)

07/11, 08/11, 16/11

Rs.	P.
450	—
Total	450 1-

06 x 75 = 450

Address: Thalner.
At post - Shirpur.
Tal- Shirpur.
Dist - Dhule.

Signature [Signature]
(Junior Supervisor)

Countersignature _____
(Senior Supervisor)

I hereby undertake to refund any amount paid in excess of the amount due.

Senior Supervisor should see that dates are filled in before the bill is countersigned.

Signature [Signature]
(Junior Supervisor)

(i) Bill verified as per Attendance Roll.
(ii) Certified that the Junior Supervisor has actually worked on the dates and sessions shown in the bill and that the remuneration due to him is paid in my presence.

PAYMENT RECEIVED

To be stamped and signed in advance.

Revenue Stamp for Refund over Rs. 20/-

(Signature of the Sr. Supervisor)

* The prescribed rate of payment of Rs. 12/- per Session for two hours, Rs.15/- per Session for three hours. & Rs. 20/- per Session for more than three hours.

Payment Register Page No. _____ CBF _____ Voucher No. _____

Cash/Cheque No. _____ Date _____

The Registrar,
Kavayitri Bahinabai Chaudhari North Maharashtra University, Jalgaon _____ Dr.

To Name of the Junior Supervisor YUVRAT R. FULMALT
(In Block letters beginning with Surname)

at the S.Y. / T.Y B.S.C Examination/s

of April / October 2019 (Thalner Centre).

Place of Examination M. G. Telk Senior College, Thalner.

The amount due to me as Junior Supervisor at the above Examination/s for having worked.

(i) for _____ FULL days* on _____ (dates)

(i) for _____ HALF days* on 01/11/2019 (dates)

01 x 75 = 75

Total

Rs.

P.

75

-

75

1-

Address: Thalner.
At post - Shirpur.
Tal - Shirpur.
Dist - Dhule.

Signature [Signature]
(Junior Supervisor)

Countersignature _____
(Senior Supervisor)

I hereby undertake to refund any amount paid in excess of the amount due.

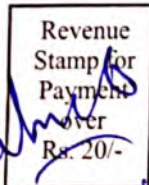
Senior Supervisor should see that dates are filled in before the bill is countersigned.

Signature [Signature]
(Junior Supervisor)

PAYMENT RECEIVED

To be stamped and signed in advance.

- (i) Bill verified as per Attendance Roll.
(ii) Certified that the Junior Supervisor has actually worked on the dates and sessions shown in the bill and that the remuneration due to him is paid in my presence.



(Signature of the Sr. Supervisor)

* The prescribed rate of payment of Rs. 12/- per Session for two hours, Rs.15/- per Session for three hours. & Rs. 20/- per Session for more than three hours.

॥ अंतरी पेटवू ज्ञानज्योत ॥

Payment Register Page No. _____ CBF _____ Voucher No. _____

Cash/Cheque No. _____ Date _____

Dr. _____

The Registrar,
Kavayitri Bahinabai Chaudhari North Maharashtra University, Jalgaon

To Name of the Junior Supervisor C.HETAN NANA PAWAR.
(In Block letters beginning with Surname)

at the S.Y. / T.Y B.S.C Examination/s

of April / October 2019 (Thalner. Centre).

Place of Examination M.G. Tele senior college, Thalner.

The amount due to me as Junior Supervisor at the above Examination/s for having worked. ☉

(i) for _____ FULL days* on _____ (dates)

(i) for _____ HALF days* on 02/11, 06/11, 15/11 (dates)

16/11, 21/11,

Total

Rs.	P.
375	—
375	1—

05 x 75 = 375

Address: Thalner.
At post - Shirpur.
Tal - Shirpur.
Dist - Dhule.

Signature _____
(Junior Supervisor)

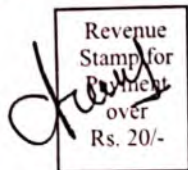
Countersignature _____
(Senior Supervisor)

I hereby undertake to refund any amount paid in excess of the amount due.

Signature _____
(Junior Supervisor)

PAYMENT RECEIVED

To be stamped and signed in advance.



☉ Senior Supervisor should see that dates are filled in before the bill is countersigned.

(i) Bill verified as per Attendance Roll.
(ii) Certified that the Junior Supervisor has actually worked on the dates and sessions shown in the bill and that the remuneration due to him is paid in my presence.

(Signature of the Sr. Supervisor)

* The prescribed rate of payment of Rs. 12/- per Session for two hours, Rs. 15/- per Session for three hours. & Rs. 20/- per Session for more than three hours.

॥ अंतरी पेटवू ज्ञानज्योत ॥

Payment Register Page No. _____ CBP _____ Voucher No. _____

Cash/Cheque No. _____ Date _____

The Registrar, _____ Dr.

Kavayitri Bahinabai Chaudhari North Maharashtra University, Jalgaon

To Name of the Junior Supervisor KARTIK BHARAT ROKADE

(In Block letters beginning with Surname)

at the S.Y./T.Y. B.Sc Examination/s

of April / October 20 (Thalner Centre).

Place of Examination M.G. Tele Senior College, Thalner

The amount due to me as Junior Supervisor at the above Examination/s for having worked.

(i) for _____ FULL days* on _____ (dates)

(i) for _____ HALF days* on 02/11, 05/11, 08/11, (dates)

9/11, 11/11, 13/11, 14/11

$7 \times 75 = 525$

Total

Rs.

P.

525 . 00

525 . 00

Address : Thalner

At. Post Shirpur

Tal - Shirpur

Dist - Dhule.

Signature Rokade
(Junior Supervisor)

Countersignature _____
(Senior Supervisor)

I hereby undertake to refund any amount paid in excess of the amount due.

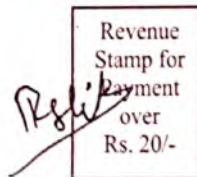
Senior Supervisor should see that dates are filled in before the bill is countersigned.

Signature Rokade
(Junior Supervisor)

PAYMENT RECEIVED

To be stamped and signed in advance.

(i) Bill verified as per Attendance Roll.
(ii) Certified that the Junior Supervisor has actually worked on the dates and sessions shown in the bill and that the remuneration due to him is paid in my presence.



(Signature of the Sr. Supervisor)

* The prescribed rate of payment of Rs. 12/- per Session for two hours, Rs.15/- per Session for three hours. & Rs. 20/- per Session for more than three hours.

Payment Register Page No. _____ CHF _____ Voucher No. _____

Cash/Cheque No. _____ Date _____

The Registrar,
Kavayitri Bahinabai Chaudhari North Maharashtra University, Jalgaon

To Name of the Junior Supervisor MINA JAGANNATH PATIL
(In Block letters beginning with Surname)

at the S.Y./T.Y B.S.C. Examination/s

of April / October 2019 (Thalner Centre).

Place of Examination M.G. Telk Senior College, Thalner.

The amount due to me as Junior Supervisor at the above Examination/s for having worked.

(i) for _____ FULL days* on _____ (dates)

(i) for _____ HALF days* on 05/11, 11/11, 13/11, (dates)

Total

Rs.

P.

225

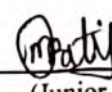
-

225

1-

$03 \times 75 = 225$


Address: Thalner.
At post Shirpur.
Tal- Shirpur.
Dist- Dhule.

Signature 
(Junior Supervisor)

Countersignature _____
(Senior Supervisor)

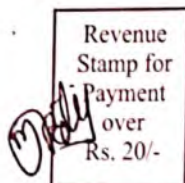
I hereby undertake to refund any amount paid in excess of the amount due.

Senior Supervisor should see that dates are filled in before the bill is countersigned.

Signature 
(Junior Supervisor)

PAYMENT RECEIVED

To be stamped and signed in advance.



- (i) Bill verified as per Attendance Roll.
- (ii) Certified that the Junior Supervisor has actually worked on the dates and sessions shown in the bill and that the remuneration due to him is paid in my presence.

(Signature of the Sr. Supervisor)

* The prescribed rate of payment of Rs. 12/- per Session for two hours, Rs. 15/- per Session for three hours. & Rs. 20/- per Session for more than three hours.

Payment Register Page No. _____ CBF _____ Voucher No. _____

Cash/Cheque No. _____ Date _____

The Registrar,
Kavayitri Bahinabai Chaudhari North Maharashtra University, Jalgaon _____ Dr.

To
Name of the Junior Supervisor JAYSING GENDARAM PAWARA .
(In Block letters beginning with Surname)

at the S.Y/T.Y B.S.C Examination/s

of April / October 20 19 (Thalner Centre).

Place of Examination M.G. Tele Senior College, Thalner.

The amount due to me as Junior Supervisor at the above Examination/s for having worked.

(i) for _____ FULL days* on _____
(dates)

(i) for _____ HALF days* on 19/11, 01/12
(dates)

02 x 75 = 150

Total

Rs.

P.

150

-

150

/-

Address: Thalner.
At post - Shirpur
Tal - Shirpur.
Dist - Dhule.

Signature _____
(Junior Supervisor)

Countersignature _____
(Senior Supervisor)

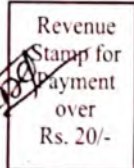
I hereby undertake to refund any amount paid in excess of the amount due.

Senior Supervisor should see that dates are filled in before the bill is countersigned.

Signature _____
(Junior Supervisor)

PAYMENT RECEIVED

To be stamped and signed in advance.



(i) Bill verified as per Attendance Roll.
(ii) Certified that the Junior Supervisor has actually worked on the dates and sessions shown in the bill and that the remuneration due to him is paid in my presence.

(Signature of the Sr. Supervisor)

* The prescribed rate of payment of Rs. 12/- per Session for two hours, Rs. 15/- per Session for three hours. & Rs. 20/- per Session for more than three hours.

Payment Register Page No. _____ CBF _____ Voucher No. _____

Cash/Cheque No. _____ Date _____

_____ Dr.

The Registrar,
Kavayitri Bahinabai Chaudhari North Maharashtra University, Jalgaon

To Name of the Junior Supervisor ROSANI ASHWINI SURESH.
(In Block letters beginning with Surname)

at the S.Y. / T.Y. B.S.C. Examination/s

of April / October 2019 (Thalner Centre).

Place of Examination M.G. Tele senior college Thalner.

The amount due to me as Junior Supervisor at the above Examination/s for having worked.

(i) for _____ FULL days* on _____ (dates)

(i) for _____ HALF days* on 01/11, 02/11, 05/11,
(dates)

09/11, 11/11, 13/11, 14/11, 15/11

Total

Rs.	P.
600	-
600	1-

08 x 75 =

Address: Thalner.

At post Shirpur.

Tal-shirpur

Dist - Dhule.

Signature _____
(Junior Supervisor)

Countersignature _____
(Senior Supervisor)

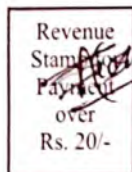
I hereby undertake to refund any amount paid in excess of the amount due.

Senior Supervisor should see that dates are filled in before the bill is countersigned.

Signature _____
(Junior Supervisor)

PAYMENT RECEIVED

To be stamped and signed in advance.



(i) Bill verified as per Attendance Roll.
(ii) Certified that the Junior Supervisor has actually worked on the dates and sessions shown in the bill and that the remuneration due to him is paid in my presence.

(Signature of the Sr. Supervisor)

* The prescribed rate of payment of Rs. 12/- per Session for two hours, Rs.15/- per Session for three hours. & Rs. 20/- per Session for more than three hours.

Payment Register Page No. _____ CHF _____ Voucher No. _____

Cash/Cheque No. _____ Date _____

The Registrar,
Kavayitri Bahinabai Chaudhari North Maharashtra University, Jalgaon _____ Dr.

To
Name of the Junior Supervisor NEHA RAJENDRA JADHAV
(In Block letters beginning with Surname)

at the S.Y / T.Y B.S.C. Examination/s

of April / October 2019 (Thalner Centre).

Place of Examination M. G. Tele Senior College, Thalner.

	Rs.	P.
The amount due to me as Junior Supervisor at the above Examination/s for having worked. <input checked="" type="radio"/>		
(i) for _____ FULL days* on _____ (dates)		
(i) for _____ HALF days* on <u>06/11/2019</u> (dates)	75	-
<u>01 x 75 = 75</u>		
Total	75	1-

Address : Thalner,
At post - Shirpur,
Tal - Shirpur,
Dist - Dhule.

Signature *APadhya*
(Junior Supervisor)

Countersignature _____
(Senior Supervisor)

I hereby undertake to refund any amount paid in excess of the amount due.

Senior Supervisor should see that dates are filled in before the bill is countersigned.

Signature *APadhya*
(Junior Supervisor)

PAYMENT RECEIVED

To be stamped and signed in advance.

- (i) Bill verified as per Attendance Roll.
- (ii) Certified that the Junior Supervisor has actually worked on the dates and sessions shown in the bill and that the remuneration due to him is paid in my presence.

Revenue Stamp for Payment over Rs. 20/-
APadhya

(Signature of the Sr. Supervisor)

* The prescribed rate of payment of Rs. 12/- per Session for two hours, Rs.15/- per Session for three hours. & Rs. 20/- per Session for more than three hours.

Payment Register Page No. _____ CBF _____ Voucher No. _____

Cash/Cheque No. _____ Date _____ Dr.

The Registrar,
Kavayitri Bahinabai Chaudhari North Maharashtra University, Jalgaon

To Name of the Junior Supervisor JAYSHRI RAMESH AMRUTKAR.
(In Block letters beginning with Surname)

at the S.Y.I.T.Y B.S.C Examination/s

of April / October 2019 (Thalner. Centre).

Place of Examination M.G. Tele senior college, Thalner.

	Rs.	P.
The amount due to me as Junior Supervisor at the above Examination/s for having worked. <input checked="" type="radio"/>		
(i) for _____ FULL days* on _____ (dates)		
(i) for _____ HALF days* on <u>22/11/2019.</u> (dates)	75	-
<u>01 x 75 = 75</u>	Total 75	1-

Address: Thalner.
At-post - Jhirpur.
Tal - shirpur.
Dist - Dhule.

Signature J Amrutkar
(Junior Supervisor)

Countersignature _____
(Senior Supervisor)

I hereby undertake to refund any amount paid in excess of the amount due.

Senior Supervisor should see that dates are filled in before the bill is countersigned.

Signature J Amrutkar
(Junior Supervisor)

PAYMENT RECEIVED

To be stamped and signed in advance.

Revenue
Stamp for
Payment
over
Rs. 20/-

(i) Bill verified as per Attendance Roll.
(ii) Certified that the Junior Supervisor has actually worked on the dates and sessions shown in the bill and that the remuneration due to him is paid in my presence.

(Signature of the Sr. Supervisor)

* The prescribed rate of payment of Rs. 12/- per Session for two hours, Rs.15/- per Session for three hours. & Rs. 20/- per Session for more than three hours.

॥ अंतरी वेदं ज्ञानज्योत ॥



Kavayitri Bahinabai Chaudhari North Maharashtra University, Jalgaon

FOR PEONS

Statement showing the work done at the S.Y./T.Y. B.Sc. Examination/s held in October / November / March / April / May / 2019 at the Thalner Centre

Place of Examination M. G. Tele senior college, Thalner.

(Note :- this statement should be accompanied by an abstract for Peons.)

Sr. No.	Name of the Servant	Designation	01/11/19			02/11/19			04/11/19			05/11/19			06/11/19			07/11/19			08/11/19			09/11/19			Total No. of turns	Rate per turn Rs.	Amount paid Rs.	Signature of the Peon with stamp
			M	N	E	M	N	E	M	N	E	M	N	E	M	N	E	M	N	E	M	N	E	M	N	E				
1	GANESH M. PAJI	peon	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	18	40	720	
2	NITIN BHICA TELE	peon	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	18	40	720	
3	BHUKUBAI S. BIRHANI	peon	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	18	40	720	
4	SUJATA NIKAM	peon	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	18	40	720	

Signature of the Principal of the College where the examination was held

Chairman Exam. Committee

Principal

Signature of the Senior Supervisor Examination March / April / May / October / November, 200 Centre.



Kavayitri Bahinabai Chaudhari North Maharashtra University, Jalgaon

FOR PEONS

Statement showing the work done at the S.Y/T. Y. B.5C Examinations held in October / November / March / April / May / 2009 at the Tbalnec Centre

Place of Examination M. G. Tele Senior college Thalner,
 (Note :- this statement should be accompanied by an abstract for Peons.)

Sr. No.	Name of the Servant	Designation	Date 11/11/19		Date 13/11/19		Date 14/11/19		Date 15/11/19		Date 16/11/19		Date 19/11/19		Date 21/11/19		Date 22/11/19		Total No. of turns	Rate per turn Rs.	Amount paid Rs.	Signature of the Peon with stamp
			M	N	E	M	N	E	M	N	E	M	N	E	M	N	E	M				
1	GANESH M. PATIL	peon	✓		✓		✓		✓		✓		✓		✓		✓		15	40	600	
2	NITIN BHIRA TETE	peon	✓		✓		✓		✓		✓		✓		✓		✓		15	40	600	
3	BHIKUBAI S. GIRHADE	peon	✓		✓		✓		✓		✓		✓		✓		✓		15	40	600	
4	SURAJA NIKAM	peon.	✓		✓		✓		✓		✓		✓		✓		✓		15	40	600	

Signature of the Principal of the College where the examination was held

Chairman
Exam. Committee

Principal

Signature of the Senior Supervisor

Examination
March / April / May / October / November, 200
Centre.



3

Kavayitri Bahinabai Chaudhari North Maharashtra University, Jalgaon

Date: 16 / 10 / 2019

The Deputy/Asstt. Registrar (Examinations),
K. B. C. North Maharashtra University,
Jalgaon-425 001

Sir,

In response to your letter dated / / 20 I give below the certificate in form 'A' and receipt in advance in form 'B' as desired. Remuneration due as per joint bill be paid to me by cheque. Necessary details are as under

Please note that I have assessed!!..... answer-books.

Your's faithfully

(Signature)

FORM A Certificate

Name : PATOLE SANDIP SHIVAJI
(In Block Letters beginning with Surname)

Paper-setter / examiner / moderator in Organic chemistry theory / practical
at T.Y.B.Sc Practical Examinations/s held in April / October 2019

Full address on which cheque for remuneration is to be sent } S.S.V.P.S ACS college shindlcheda
Dist-Dhule

Certified that:

- * (a) I have not been appointed as a paper-setter / examiner / moderator at any other examination/s or the North Maharashtra University in the same season except the above examination's for which remuneration is due to me.
- * (b) I have also been appointed as a paper-setter / examiner / moderator at the following examination/s of the North Maharashtra University in the same season.

Examinations

- (1) T.Y.B.Sc Practical
- (2)
- (3)

Subject

organic chemistry

(Signature)

~~paper-setter / examiner / moderator.~~

@ Date: 16/10/2019

* Strike off which is not applicable.

@ Dated signature on the certificate is necessary to verify the admissibility of claim.

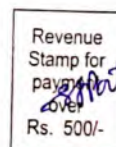
FORM B Receipt in Advance

Received from the Registrar, North Maharashtra University an amount of Rs. 100/- as shown in the joint bill preferred by the Chairman, on account of my remuneration as a paper-setter/examiner/moderator in organic chemistry Theory / Practical at the T.Y.B.Sc Practical
(Subject)

Examination/s held in April / October 20

Amount Rs. one hundred only

Date: 16/10/2019



Crossed Signature on the Revenue Stamp is required.



Kavayitri Bahinabai Chaudhari North Maharashtra University, Jalgaon

Date : 17 / 10 / 2019

The Deputy/Asstt. Registrar (Examinations),
K. B. C. North Maharashtra University,
Jalgaon-425 001

Sir,

In response to your letter dated 12 / 10 / 2019 I give below the certificate in form 'A' and receipt in advance in form 'B' as desired. Remuneration due as per joint bill be paid to me by cheque. Necessary details are as under

Please note that I have assessed answer-books.

Your's faithfully

(Signature)

FORM A Certificate

Name : CHAUDHARI LAKHAN PRAKASH
(In Block Letters beginning with Surname)

Paper-setter / examiner / moderator in Inorganic Chem Pr theory / practical /
at T.Y.B.Sc Examinations/s held in April / October 2019

Full address on which cheque
for remuneration is to be sent

S.P.D.M. College Shiwajipur.

Certified that:

- (a) I have not been appointed as a paper-setter / examiner / moderator at any other examination/s or the North Maharashtra University in the same season except the above examination/s for which remuneration is due to me.
- (b) I have also been appointed as a paper-setter / examiner / moderator at the following examination/s of the North Maharashtra University in the same season.

Examinations

Subject

- (1)
- (2)
- (3)

(Signature)

paper-setter / examiner / moderator.

@ Date : 17/10/19

* Strike off which is not applicable.

@ Dated signature on the certificate is necessary to verify the admissibility of claim.

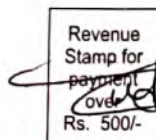
FORM B Receipt in Advance

Received from the Registrar, North Maharashtra University an amount of Rs. 1000 as shown in the joint bill preferred by the Chairman, on account of my remuneration as a paper-setter/examiner/moderator in Inorganic Chem theory Practical at the T.Y.B.Sc
(Subject)

Examination/s held in April / October 2019

Amount Rs. 1000

Date : 17/10/19



Crossed Signature on the Revenue Stamp is required.



Kavayitri Bahinabai Chaudhari North Maharashtra University, Jalgaon

Date : 17 / 10 / 2019

The Deputy/Asstt. Registrar (Examinations),
K. B. C. North Maharashtra University,
Jalgaon-425 001

Sir,

In response to your letter dated 12 / 10 / 2019 I give below the certificate in form 'A' and receipt in advance in form 'B' as desired. Remuneration due as per joint bill be paid to me by cheque. Necessary details are as under

Please note that I have assessed answer-books.

Your's faithfully

(Signature)

FORM A Certificate

Name : GIRASE BHAVESH LOTANISING
(In Block Letters beginning with Surname)

Paper setter / examiner / moderator in Inorganic chemistry theory / practical
at T.Y. Bsc Sem - V Examinations/s held in April / October 2019

Full address on which cheque for remuneration is to be sent } S.P.D.M. College Shirpur

Certified that :

- (a) I have not been appointed as a paper-setter / examiner / moderator at any other examination/s or the North Maharashtra University in the same season except the above examination's for which remuneration is due to me.
- (b) I have also been appointed as a paper-setter / examiner / moderator at the following examination/s of the North Maharashtra University in the same season.

(1) T.Y. Bsc Examinations
(2) Practical
(3)

Subject CH-358 Inorganic chem. Practical

(Signature)

paper-setter / examiner / moderator

@ Date : 17/10/2019

* Strike off which is not applicable.

@ Dated signature on the certificate is necessary to verify the admissibility of claim.

FORM B Receipt in Advance

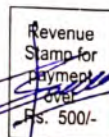
Received from the Registrar, North Maharashtra University an amount of Rs. 100/- as shown in the joint bill preferred by the Chairman, on account of my remuneration as a paper-setter/examiner/moderator in Inorganic Chem Theory / Practical at the T.Y. Bsc Sem - V (Subject)

1 x 100 = 100/-

Examination/s held in April / October 2019

Amount Rs. 100/- (One Hundred only)

Date : 17/10/2019



Crossed Signature on the Revenue Stamp is required.



Kavayitri Bahinabai Chaudhari North Maharashtra University, Jalgaon

Date : 19 / 10 / 2019

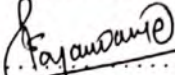
The Deputy/Asstt. Registrar (Examinations),
K. B. C. North Maharashtra University,
Jalgaon-425 001

Sir,

In response to your letter dated 12 / 10 / 2019 I give below the certificate in form 'A' and receipt in advance in form 'B' as desired. Remuneration due as per joint bill be paid to me by cheque. Necessary details are as under

Please note that I have assessed11..... answer-books.

Your's faithfully


(Signature)

FORM A Certificate

Name : SONAWANE JAYVANT PRAKASH
(In Block Letters beginning with Surname)

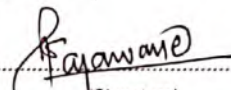
Paper-setter / examiner / moderator in CP-357 ~~or~~ Physical ~~theory~~ practical
at T.Y. BSc Examinations/s held in April / October 2019

Full address on which cheque for remuneration is to be sent } R.C. Patel Asc College, Shirpur

Certified that:

- * (a) I have not been appointed as a paper-setter / examiner / moderator at any other examination/s or the North Maharashtra University in the same season except the above examination/s for which remuneration is due to me.
- * (b) I have also been appointed as a paper-setter / examiner / moderator at the following examination/s of the North Maharashtra University in the same season.

Examinations	Subject
(1) Physical chem. practical (T.Y. BSc)	CP-357
(2)	
(3)	


(Signature)
paper-setter / examiner / moderator.

@ Date : 19/10/19

* Strike off which is not applicable.

@ Dated signature on the certificate is necessary to verify the admissibility of claim.

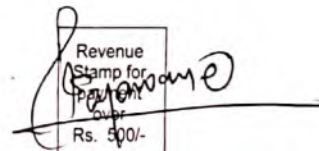
FORM B Receipt in Advance

Received from the Registrar, North Maharashtra University an amount of Rs. 100/- as shown in the joint bill preferred by the Chairman, on account of my remuneration as a ~~paper-setter/~~ examiner/moderator in CP-357 Theory / Practical at the T.Y. BSc
(Subject)

Examination/s held in April / October 2019

Amount Rs. 100/-

Date : 19/10/19



Crossed Signature on the Revenue Stamp is required.

NORTH MAHARASHTRA UNIVERSITY, JALGAON



NAAC Re-Accredited

(THE BILL IS TO BE PAID BY THE COLLEGE OUT OF
THE EXAMINATION GRANT ISSUED TO COLLEGE)

Budget Head - Supervision Charges
THROUGH THE PRINCIPAL

COLLEGE _____

To, (Name of the Senior Supervisor) Dr. NARENDRASING ONKARSING
GIRASE.

(In Capital Letters beginning with surname)

Senior Supervisor at the S.Y./TY.BSC. Examination/s
of April/May./Oct./Nov. 20 (Thalner Centre.)

Place of Examination M.G. Tele Sci college.

To amount due to me for having worked as Senior Supervisor at the
above Examinations

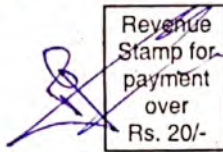
Rs.	P.
900	-
600	-
300	-
Total...	1800 -

For Three Sessions on 01/11, 2/11, 6/11 ^{3x3}
For Two Sessions on 5/11, 8/11, 11/11 ^{2x2}
For one Sessions on 04/11, 07/11, 9/11 ^{3x1}

* Dates must be mentioned without fail.

PAYMENT RECEIVED

To Be stamped & signed in advance



This bill must be receipted in advance.

Signature _____

Address M.G. Tele Sci college
Thalner.

PASSED FOR RS. 1800 P. -

RS. Eighteen hundred only -

Date. 11/11/2019.

Checked

Registrar/Office Supt.
(of the College)

Accountant
(of the College)

Principal
(of the College)

- (1) NO. payment shall be made for Press attendance.
- (2) The prescribed printed sheet showing details of the proofs the question papers read should invariably accompany this bill.

(P.T.O.)

Center M.G. Tolo Sci college Thuluv.

Serial No.	Date	Time	Examination	Name of the paper or papers of which proof read & the medium whether one or two
1	01/11/2019	9 to 11 am -11- 12 to 2 pm -11- 3 to 5 pm	S.Y. BSL -11- -11- -11-	Comp-221 ZOO-241 CH-231 CH-301 MTIF-241
2	02/11/2019	9 to 11 am 12 to 2 pm 12 to 2 pm -11- 3 to 5 pm	-11- -11- -11- -11-	ELE-241 Comp-211 ZOO-231 ZOO-301 CH-241
3	4/11/2019	9 to 11 am	-11-	Bot-241
4	05/11/2019	12 to 2 pm -11- -11- 3 to 5 pm	-11- -11- -11-	ZOO-232 ZOO-302 Comp-212 ELE-242
5	06/11/19	9 to 11 am 12 to 2 pm 3 to 5 pm -11-	-11- -11- -11-	Bot-242 phy-301 Comp-222 ZOO-242
6	07/11/19	12 to 2 pm -11-	-11- -11-	Bot-231 Bot-301
7	08/11/19	12 to 2 pm -11- 3 to 5 pm	-11- -11- -11-	CH-302 CH-232 CH-351
8	09/11/19	12 to 2 pm -11- -11-	-11- -11- -11-	PHY-232 (B) PHY-302 (A) PHY-302 (B)
9	11/11/19	9 to 11 am 12 to 2 pm -11-	T.Y. BSL S.Y. BSL -11-	CH-363 Bot-222 Bot-302
10				

Signature. _____

(Sr. Supervisor)

KAVAYITRI BAHINABAI CHAUDHARI
॥ अंतरी पेटयु. ज्ञानज्योत ॥

NORTH MAHARASHTRA UNIVERSITY, JALGAON



NAAC Re-Accredited

(THE BILL IS TO BE PAID BY THE COLLEGE OUT OF
THE EXAMINATION GRANT ISSUED TO COLLEGE)

Budget Head - Supervision Charges
THROUGH THE PRINCIPAL

COLLEGE _____

To, (Name of the Senior Supervisor) Prof. Raju RATU GIRDHAR PAWAR.

(In Capital Letters beginning with surname)

Senior Supervisor at the S.Y./F.Y. BSC Examination/s
of April/May./Oct./Nov. 2019 (THALNER. Centre.)
Place of Examination M.G. TELE Sci College.

To amount due to me for having worked as Senior Supervisor at the
above Examinations

	Rs.	P.
For Three Sessions on <u>2/11, 5/11, 6/11, 11/11</u>	1200	-
For Two Sessions on <u>01/11, 8/11, 9/11.</u> <u>4x3</u>	600	-
For one Sessions on <u>4/11, 7/11 = 1x2</u> <u>3x2</u>	200	-
Total...	2000	-

* Dates must be mentioned without fail.

PAYMENT RECEIVED

To Be stamped & signed in advance

Revenue
Stamp for
payment
over
Rs. 20/-

Signature

Address

M.J. P.V. ACS College
Dhudgun. Tal-Dhudgun
Dist. Mandurbar.

This bill must be receipted in advance.

PASSED FOR RS. 2000 P. -
RS. Two thousand only
Date. 11/11/2019

Checked

Registrar/Office Supdt.
(of the College)

Accountant
(of the College)

Principal
(of the College)

- (1) NO. payment shall be made for Press attendance.
- (2) The prescribed printed sheet showing details of the proofs the question papers read should invariably accompany this bill.

(P.T.O.)

Center M. G. Tele Sci college Thulnev.

Serial No.	Date	Time	Examination	Name of the paper or papers of which proof read & the medium whether one or two
1	01/11/2019	12 to 2 pm -/- 3 to 5 pm	S.Y-BSC OCT 2019	CH-231 CH-301 MTH-241
2	02/11/19	9 to 11 am 12 to 2 pm -/- -/- 3 to 5 pm	-/-	ELE-241 Comp-211 ZOO-231 ZOO-301 CH-241
3	04/11/2019	9 to 11 am	S.Y. BSC	BOT-241
4	05/11/19	9 to 11 am 12 to 2 pm -/- -/- 3 to 5 pm	-/-	CH-242 ZOO-232 ZOO-302 Comp-212 ELE-242
5	06/11/19	9 to 11 am 12 to 2 pm 3 to 5 pm -/-	-/-	BOT-242 Phy-301 Comp-222 ZOO-242
6	07/11/2019	12 to 2 pm -/-	BOT-231 -/-	BOT-231 BOT-301
7	08/11/2019	12 to 2 pm -/- 3 to 5 pm	-/- -/- T.Y. BSC	CH-302 CH-232 CH-351
8	09/11/2019	12 to 2 pm -/- -/- 3 to 5 pm -/-	S.Y. BSC -/- -/- T.Y. BSC -/-	Phy-232 (B) Phy-232 (A) Phy-302 (A) CH-352 CH
9	11/11/2019	9 to 11 am 12 to 2 pm 3 to 5 pm	CH-363 T.Y. BSC S.Y. BSC T.Y. BSC	CH-363 BOT-232 BOT-302 ZOO-201 ZOO-121 CH-352
10				

Signature: *[Signature]*
11/11/2019
(Sr. Supervisor)

NORTH MAHARASHTRA UNIVERSITY, JALGAON



NAAC Re-Accredited

(THE BILL IS TO BE PAID BY THE COLLEGE OUT OF
THE EXAMINATION GRANT ISSUED TO COLLEGE)

Budget Head - Supervision Charges
THROUGH THE PRINCIPAL

COLLEGE _____

To, (Name of the Senior Supervisor) DR. AVINASH ARUN PATIL

(In Capital Letters beginning with surname)

Senior Supervisor at the Soye/Toyo BSC Examination/s
of April/May./Oct./Nov. 20 Thalner Centre.)

Place of Examination M.G. Tele Science College Thalner.

To amount due to me for having worked as Senior Supervisor at the
above Examinations

For Three Sessions on* _____
For Two Sessions on* 14/11, 15/11, 16/11 = 3x2
For one Sessions on 19/11, 21/11/2019
2x1

Rs.	P.
600	-
200	-
Total...	800 -

* Dates must be mentioned without fail.

PAYMENT RECEIVED

To Be stamped & signed in advance

Revenue
Stamp for
payment
over
Rs. 20/-

This bill must be receipted in advance.

Signature [Signature]

Address R.C. Patel

A.C.S College

Shirpur

PASSED FOR RS. 800 P. -

RS. Eight Hundred only

Date. _____

Checked

Registrar/Office Supdt.
(of the College)

Accountant
(of the College)


Principal
(of the College)

- (1) NO. payment shall be made for Press attendance.
- (2) The prescribed printed sheet showing details of the proofs the question papers read should invariably accompany this bill.

(P.T.O.)

Center M.G. K. Science college, Thalner

Serial No.	Date	Time	Examination	Name of the paper or papers of which proof read & the medium whether one or two
1	14/11/19	12 to 2 PM 3 to 5 PM	S.Y. BSC T.Y. BSC	ELE - 301, ELE - 231 CH - 355
2	15/11/19	12 to 2 PM 3 to 5 PM	S.Y. BSC T.Y. BSC	MAR - 231 CH - 356
3	16/11/19	12 to 2 PM 3 to 5 PM	S.Y. BSC S.Y. BSC	ELE - 302, ELE - 232 MAR - 241
4	19/11/19	3 to 5 PM	S.Y. BSC	PHY - 241
5	21/11/19	3 to 5 PM	S.Y. BSC	PH.Y - 242
6				
7				
8				
9				
10				

Signature. 
 (Sr. Supervisor)

KAVAYITRI BAHINABAI CHAUDHARI

॥ अंतरी पेटवू ज्ञानज्योत ॥

NORTH MAHARASHTRA UNIVERSITY, JALGAON



NAAC Re-Accredited

(THE BILL IS TO BE PAID BY THE COLLEGE OUT OF
THE EXAMINATION GRANT ISSUED TO COLLEGE)

Budget Head - Supervision Charges
THROUGH THE PRINCIPAL

COLLEGE _____

To, (Name of the Senior Supervisor) PROF. ANAND JAYANTILAL

MAHESHWARI

(In Capital Letters beginning with surname)

Senior Supervisor at the S.Y./T.Y. BSC Examination/s
of April/May /Oct./Nov. 2019 (Thalner Centre.)

Place of Examination M. G. Tele Science College Thalner

To amount due to me for having worked as Senior Supervisor at the
above Examinations

For Three Sessions on 13/11/19 - 3x1

Rs. 300

P. -

For Two Sessions on 14/11, 15/11, 16/11

Rs. 600

P. -

For one Sessions on 22/11 - 2x1^{3x2}

Rs. 100

P. -

Total...

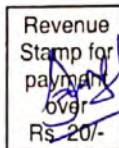
Rs. 1000

P. -

* Dates must be mentioned without fail.

PAYMENT RECEIVED

To Be stamped & signed in advance



Signature Anand

Address R.O.C. Patel ACS

College

Thalner

This bill must be receipted in advance.

PASSED FOR RS. 1000 P. -

RS. One thousand only.

Date. _____

Checked

Registrar/Office Supdt.
(of the College)

Accountant
(of the College)

Principal
(of the College)

- (1) NO. payment shall be made for Press attendance.
- (2) The prescribed printed sheet showing details of the proofs the question papers read should invariably accompany this bill.

(P.T.O.)

Center M.G. Tele Science College Thdnur.

Serial No.	Date	Time	Examination	Name of the paper or papers of which proof read & the medium whether one or two
1	13/11/19	9:30 to 11 AM 12 to 2 PM 3 to 5 PM	T.Y. BSC S.Y. BSC T.Y. BSC	CH-364 MTH-232 CH-354
2	14/11/19	12 to 2 PM 3 to 5 PM	S.Y. BSC T.Y. BSC	ELE-201, ELE-231 CH-355
3	15/11/19	12 to 2 PM 3 to 5 PM	S.Y. BSC T.Y. BSC	MAR-231 CH-356
4	16/11/19	12 to 2 PM 3 to 5 PM	S.Y. BSC S.Y. BSC	ELE-202, ELE-232 MAR-241
5	22/11/19	12 to 2 PM	S.Y. BSC	CH-304
6				
7				
8				
9				
10				

Signature. _____

(Sr. Supervisor)

KAVAYITRI BAHINABAI CHAUDHARI
॥ अंतरी पेटवू ज्ञानज्योत ॥

NORTH MAHARASHTRA UNIVERSITY, JALGAON



NAAC Re-Accredited

(THE BILL IS TO BE PAID BY THE COLLEGE OUT OF
THE EXAMINATION GRANT ISSUED TO COLLEGE)

Budget Head - Supervision Charges
THROUGH THE PRINCIPAL

COLLEGE _____

To, (Name of the Senior Supervisor) DR. RAMSING RAJYA VASANE

(In Capital Letters beginning with surname)

Senior Supervisor at the B.Y. Bsc. Examination/s
of April/May./Oct./Nov. 2019 (Thulner. Centre.)
Place of Examination M.G. Tele Science College, Thulner.

To amount due to me for having worked as Senior Supervisor at the
above Examinations

For Three Sessions on* _____

For Two Sessions on* _____

For one Sessions on 01/12/2019 1x1

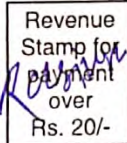
Total...

Rs.	P.
100/-	
100/-	

* Dates must be mentioned without fail.

PAYMENT RECEIVED

To Be stamped & signed in advance



This bill must be receipted in advance.

Signature R. Vasane
Address R.C. Patel ACS
College Sluipus
Dist Dhule

PASSED FOR RS. 100 P. -
RS. One Hundred only.
Date _____

Checked

Registrar/Office Supdt.
(of the College)

Accountant
(of the College)

Principal
(of the College)

- (1) NO. payment shall be made for Press attendance.
- (2) The prescribed printed sheet showing details of the proofs the question papers read should invariably accompany this bill.

(P.T.O.)

Center M.T. Tele Science College, Thiruvananthapuram

Serial No.	Date	Time	Examination	Name of the paper or papers of which proof read & the medium whether one or two
1	01/12/2019	2 to 4 PM	S.Y. BSC	GOK.
2				
3				
4				
5				
6				
7				
8				
9				
10				

Signature. *G. R. Srinivas*
 (Sr. Supervisor)

NORTH MAHARASHTRA UNIVERSITY, JALGAON



NAAC Re-Accredited

(THE BILL IS TO BE PAID BY THE COLLEGE OUT OF
THE EXAMINATION GRANT ISSUED TO COLLEGE)

Budget Head - Supervision Charges
THROUGH THE PRINCIPAL

COLLEGE _____

To, (Name of the Senior Supervisor) Prof. WASUDEO GOVINDA MESHRAM.

(In Capital Letters beginning with surname)

Senior Supervisor at the S.Y. BSc Examination/s
of April/May./Oct./Nov. 2019 (Thane Centre.)

Place of Examination M.G. Tele Science College Thane

To amount due to me for having worked as Senior Supervisor at the
above Examinations

For Three Sessions on* _____

For Two Sessions on* _____

For one Sessions on 01/12/2019 - 1 X 1

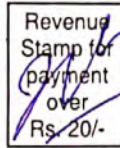
Total...

Rs.	P.
100	
100/-	

* Dates must be mentioned without fail.

PAYMENT RECEIVED

To Be stamped & signed in advance



This bill must be received in advance.

Signature [Signature]

Address S.P.V.M. College,
Shirpur, Tal. Shirpur,
Dist. Dhule

PASSED FOR RS. 100 P. -

RS. One hundred only-

Date. _____

Checked

Registrar/Office Supdt.
(of the College)

Accountant
(of the College)

Principal
(of the College)

- (1) NO. payment shall be made for Press attendance.
- (2) The prescribed printed sheet showing details of the proofs the question papers read should invariably accompany this bill.

(P.T.O.)

Center M.C. Tele Science College Thane

Serial No.	Date	Time	Examination	Name of the paper or papers of which proof read & the medium whether one or two
1	01/12/19	2 to 4 PM	S.Y. BSC	G. K.
2				
3				
4				
5				
6				
7				
8				
9				
10				

Signature _____
 (Sr. Supervisor)



Kavayitri Bahinabai Chaudhari North Maharashtra University, Jalgaon

UMAVI NAGAR, AI Post Bambhori, Dist. JALGAON 425001

Token No :

Payment V. No :

Invoice No :

TRAVELLING ALLOWANCE CLAIM

Payment Doc. No.:

- 1) Full Name : DR. SANDIP SHIVAJI PATOLE
- 2) Designation & Grade Pay : Assistant - Professor - 70001 -
- 3) Full Address (Head Quarter) : S.S.V.P.S ACS college shindkheda
- 4) Name of Committee : External examiner
- 5) Mode of Journey : By Bus
(By Bus / Taxi / Own Car / Railway / Air)
- 6) Document supported with Token : _____
(Tickets / Bill / RC Book & Vehicle No/ taxi no.)
- 7) Co-traveler, if any : 1) _____ 2) _____
(with his starting point)
- 8) Details of Journey :

Departure			Arrival			Details					
Date	Time (Hrs)	Place	Date	Time (Hrs)	Place	Distance in KM	@ Rate	Fare Amount	Other Exps. Amount	DA Amount	Total Amount in Rs.
16-10-19	8:30 am	Shindkheda	16-10-19	9:30 am	Thalner	50		50			50
16-10-19	2:00 Pm	Thalner	16-10-19	3:00 P.m	shindkheda	50		50			50
								D.A for one day		120	120

Other Allowable Expenses (Toll Tax/Auto Local Fare etc)

Remuneration / Honorarium Details : Number of days _____ X Approved amount Rs. _____

Rs. In Words : Two hundred twenty only

Total ... 220

Note: Certified particulars & documents as furnished with this bill are true & correct that no TA in respect of the journey for the period mentioned in the bill has been or will be claimed from any other source/s. As a result of audit objection at a later stage, I undertake to refund, adjust the objected amount.

Declaration

I will intimate about the taxable provision of above income to my employer for TDS purpose

S. Patole
Signature of Claimant

S. Patole
Signature of Chairman of Committee

The date & timing mentioned in the claim with details of Point No. 1 to 8 above are verified & found correct.

Signature of Section In-charge

Check List	Availability	Details for Online Payment Transfer
Copy of RC Book (Own Car)	Yes / No	Bank Name :
Token No	Yes / No	IFS Code :
Lunch by University	Yes / No	Account No :
Bus/Railway/Air /Taxi /Air	Ticket or Bill	
Remunerative	Yes / No	
Approval for Air Travel	Yes / No	

Budget Head

Budget Code:

The above claim is passed for payment of Rs. -----

(in words Rupees : _____)

Passing Assistant

Section Officer

AR/AFO/DR/DFO

FAO

Received in Cash / Cheque

Revenue stamp above Rs. 5000/-



Kavayitri Bahinabai Chaudhari North Maharashtra University, Jalgaon

UMAVI NAGAR, AI Post Bambhori, Dist. JALGAON 425001

Token No :

Payment V. No:

Invoice No :

TRAVELLING ALLOWANCE CLAIM

Payment Doc. No.:

- 1) Full Name : CHAUDHARI LAKHAN PRAKASH
- 2) Designation & Grade Pay : Asst. Prof. 15600+6000
- 3) Full Address (Head Quarter) : S. P. D. M. College Shrepur
- 4) Name of Committee : Practical Exd. Examiner
- 5) Mode of Journey : Bus
(By Bus / Taxi / Own Car / Railway / Air)
- 6) Document supported with Token : —
(Tickets / Bill / RC Book & Vehicle No/ taxi no.)
- 7) Co-traveler, if any : 1) _____ 2) _____
(with his starting point)
- 8) Details of Journey :

Departure			Arrival			Details					
Date	Time (Hrs)	Place	Date	Time (Hrs)	Place	Distance in KM	@ Rate	Fare Amount	Other Exps. Amount	DA Amount	Total Amount in Rs.
17/10/19	8:45	Thalner	17/10/19	9:25	Thalner	20		20		120	20
17/10/19	1:30	Thalner	17/10/19	2:30	Shrepur	20		20			20
		DA @ 120			for 1 day						120

Other Allowable Expenses (Toll Tax/Auto Local Fare etc)

Remuneration / Honorarium Details : Number of days _____ X Approved amount Rs. _____	120
Rs. In Words : <u>one hundred only only</u>	Total <u>160</u>

Note: Certified particulars & documents as furnished with this bill are true & correct that no TA in respect of the journey for the period mentioned in the bill has been or will be claimed from any other source/s. As a result of audit objection at a later stage, I undertake to refund, adjust the objected amount.

Declaration

I will intimate about the taxable provision of above income to my employer for TDS purpose

[Signature]
Signature of Claimant

Signature of Chairman of Committee

The date & timing mentioned in the claim with details of Point No. 1 to 8 above are verified & found correct.

Signature of Section In-charge

Check List	Availability	Details for Online Payment Transfer
Copy of RC Book (Own Car)	Yes / No	Bank Name :
Token No	Yes / No	IFS Code :
Lunch by University	Yes / No	Account No :
Bus/Railway/Air /Taxi /Air	Ticket or Bill	
Remunerative	Yes / No	
Approval for Air Travel	Yes / No	

Budget Head

Budget Code:

The above claim is passed for payment of Rs. -----

(in words Rupees : _____)

Received in Cash
Cheque
[Signature]
Revenue stamp for
above Rs. 5000/-

Passing Assistant

Section Officer

AR/AFO/DR/DFO

FAO



Kavayitri Bahinabai Chaudhari North Maharashtra University, Jalgaon

UMAVI NAGAR, AI Post Bambhori, Dist. JALGAON 425001

Token No :

Payment V. No:

Invoice No :

TRAVELLING ALLOWANCE CLAIM

Payment Doc. No.:

- 1) Full Name : GIRASE BHAVESH LOTANSING
- 2) Designation & Grade Pay : Asst. Prof.
- 3) Full Address (Head Quarter) : S.P.D.M. College Shiropur
- 4) Name of Committee : Practical Examiner
- 5) Mode of Journey : Bus.
(By Bus / Taxi / Own Car / Railway / Air)
- 6) Document supported with Token : _____
(Tickets / Bill / RC Book & Vehicle No/ taxi no.)
- 7) Co-traveler, if any : 1) _____ 2) _____
(with his starting point)
- 8) Details of Journey :

Departure			Arrival			Details					
Date	Time (Hrs)	Place	Date	Time (Hrs)	Place	Distance in KM	@ Rate	Fare Amount	Other Exps. Amount	DA Amount	Total Amount in Rs.
17/10/2019	9:15	Shiropur	17/10/19	9:55	Thalner	15		20			20/-
17/10/19	9:30	Thalner	17/10/19	2:00	Shiropur	15		20			20/-
D.A for one day.										120/-	120/-

Other Allowable Expenses (Toll Tax/Auto Local Fare etc)

Remuneration / Honorarium Details : Number of days _____ X Approved amount Rs. _____

Rs. In Words : One Hundred Sixty only.

Total

160/-

Note: Certified particulars & documents as furnished with this bill are true & correct that no TA in respect of the journey for the period mentioned in the bill has been or will be claimed from any other source/s. As a result of audit objection at a later stage, I undertake to refund, adjust the objected amount.

Declaration

I will intimate about the taxable provision of above income to my employer for TDS purpose

Signature of Claimant

Signature of Chairman of Committee

The date & timing mentioned in the claim with details of Point No. 1 to 8 above are verified & found correct.

Signature of Section In-charge

Check List	Availability	Details for Online Payment Transfer
Copy of RC Book (Own Car)	Yes / No	Bank Name :
Token No	Yes / No	IFS Code :
Lunch by University	Yes / No	Account No :
Bus/Railway/Air /Taxi /Air	Ticket or Bill	
Remunerative	Yes / No	
Approval for Air Travel	Yes / No	

Budget Head

Budget Code:

The above claim is passed for payment of Rs. 160/-

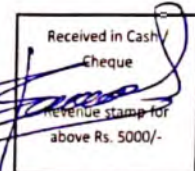
(in words Rupees : One Hundred Sixty only.)

Passing Assistant

Section Officer

AR/AFO/DR/DFO

FAO





Kavayitri Bahinabai Chaudhari North Maharashtra University, Jalgaon

UMAVI NAGAR, At Post Bambhori, Dist. JALGAON 425001

Token No :

Payment V. No:

Invoice No :

TRAVELLING ALLOWANCE CLAIM

Payment Doc. No.:

- 1) Full Name : SONAWANE JAYVANT PRAKASH
- 2) Designation & Grade Pay : Assist. Prof.
- 3) Full Address (Head Quarter) : R. C. Patel AEC College, Shirpur
- 4) Name of Committee : Ent. practical examiner
- 5) Mode of Journey : Bus
(By Bus / Taxi / Own Car / Railway / Air)
- 6) Document supported with Token : -
(Tickets / Bill / RC Book & Vehicle No/ taxi no.)
- 7) Co-traveler, if any : 1) - 2) -
(with his starting point)
- 8) Details of Journey :

Departure			Arrival			Details					
Date	Time (Hrs)	Place	Date	Time (Hrs)	Place	Distance in KM	@ Rate	Fare Amount	Other Exps. Amount	DA Amount	Total Amount in Rs.
19/10/19	9:00	Shirpur	19/10/19	9:30	Thalner	15	20	40	-	120	120=00
19/10/19	1:30	Thalner	19/10/19	2:00	Shirpur	15	20	20	-	80	40=00
										day	160=00

Other Allowable Expenses (Toll Tax/Auto Local Fare etc)

Remuneration / Honorarium Details : Number of days <u>1</u> X Approved amount Rs. <u>160</u>	
Rs. In Words : <u>One Hundred sixty only</u>	Total <u>160=00</u>

Note: Certified particulars & documents as furnished with this bill are true & correct that no TA in respect of the journey for the period mentioned in the bill has been or will be claimed from any other source/s. As a result of audit objection at a later stage, I undertake to refund, adjust the objected amount.

Declaration

I will intimate about the taxable provision of above income to my employer for TDS purpose

Signature of Claimant

Jaywant

Signature of Chairman of Committee

The date & timing mentioned in the claim with details of Point No. 1 to 8 above are verified & found correct.

Signature of Section In-charge

Check List	Availability	Details for Online Payment Transfer
Copy of RC Book (Own Car)	Yes / No	Bank Name :
Token No	Yes / No	IFS Code :
Lunch by University	Yes / No	Account No :
Bus/Railway/Air /Taxi /Air	Ticket or Bill	
Remunerative	Yes / No	
Approval for Air Travel	Yes / No	

Budget Head

Budget Code:

The above claim is passed for payment of Rs. -----

(in words Rupees : _____)

Received in Cash / Cheque

Revenue stamp for above Rs. 5000/-

Passing Assistant

Section Officer

AR/AFO/DR/DFO

FAO



Kavayitri Bahinabai Chaudhari North Maharashtra University, Jalgaon

UMAVI NAGAR, At Post Bambhori, Dist. JALGAON 425001

Token No :
Payment V. No :
Invoice No :

4

TRAVELLING ALLOWANCE CLAIM

- 1) Full Name : PROF PAWAR RAJU GIRDHAR Payment Doc. No.:
- 2) Designation & Grade Pay : Assitant Professor
- 3) Full Address (Head Quarter) : M.J.P.V ACS COLLEGE DHADGAON
- 4) Name of Committee : OCT / NOV 2019 Exam - Sr Supervisor
- 5) Mode of Journey : By Bus
(By Bus / Taxi / Own Car / Railway / Air)
- 6) Document supported with Token : _____
(Tickets / Bill / RC Book & Vehicle No/ taxi no.)
- 7) Co-traveler, if any : 1) _____ 2) _____
(with his starting point)
- 8) Details of Journey :

Departure			Arrival			Details					
Date	Time (Hrs)	Place	Date	Time (Hrs)	Place	Distance in KM	@ Rate	Fare Amount	Other Exps. Amount	DA Amount	Total Amount in Rs.
01/11/2019	8:00 am	Dhadgaon	01/11/19	10:45	Shirpur	115		160			160=00
-11-	10:45	Shirpur	-1-	11:30	Thehner	15		20			20=00
11/11/19	5:25 pm	Thehner	11/11/19	6:45 pm	Shirpur	15		20			20=00
12/11/19	7:00 am	Shirpur	12/11/19	11:00 am	Dhadgaon	115		160			160=00

Other Allowable Expenses (Toll Tax/Auto Local Fare etc)

Remuneration / Honorarium Details : Number of days <u>11</u> X Approved amount Rs. <u>120</u>	1320=00
Rs. In Words : <u>one thousand six hundred eighty Rupee</u> Total	1680=00

Note: Certified particulars & documents as furnished with this bill are true & correct that no TA in respect of the journey for the period mentioned in the bill has been or will be claimed from any other source/s. As a result of audit objection at a later stage, I undertake to refund, adjust the objected amount.

Declaration
I will intimate about the taxable provision of above income to my employer for TDS purpose

Pawar
11/11/2019
Signature of Claimant

Pawar
Signature of Chairman of Committee

The date & timing mentioned in the claim with details of Point No. 1 to 8 above are verified & found correct.

PRINCIPAL
Signature of Section In-charge
M.G. Tele Com. C & B R. Tele Sciencia College
And K. Tele Management College
Tal Shirpur, Dist. Jalgaon

Check List	Availability	Details
Copy of RC Book (Own Car)	Yes / No	Bank Name :
Token No	Yes / No	IFS Code :
Lunch by University	Yes / No	Account No :
Bus/Railway/Air /Taxi /Air	Ticket or Bill	
Remunerative	Yes / No	
Approval for Air Travel	Yes / No	

Budget Head _____ Budget Code: _____

The above claim is passed for payment of Rs. -----

(in words Rupees : _____)

Received in Cash /
Cheque
Pawar
11/11/2019
Revenue stamp for
above Rs. 5000/-

Passing Assistant Section Officer AR/AFO/DR/DFO FAO



Kavayitri Bahinabai Chaudhari North Maharashtra University, Jalgaon

UMAVI NAGAR, At Post Bambhori, Dist. JALGAON 425001

Token No :

Payment V. No:

Invoice No :

Payment Doc. No.:

TRAVELLING ALLOWANCE CLAIM

- 1) Full Name : Dr. Avinash Arun Patil
- 2) Designation & Grade Pay : Associate Professor (9000)
- 3) Full Address (Head Quarter) : R.C. Patil ACS College, Shisapur
- 4) Name of Committee : Examiner
- 5) Mode of Journey : Bus
(By Bus / Taxi / Own Car / Railway / Air)
- 6) Document supported with Token : _____
(Tickets / Bill / RC Book & Vehicle No/ taxi no.)
- 7) Co-traveler, if any : 1) _____ 2) _____
(with his starting point)
- 8) Details of Journey :

Departure			Arrival			Details					
Date	Time (Hrs)	Place	Date	Time (Hrs)	Place	Distance in KM	@ Rate	Fare Amount	Other Exps. Amount	DA Amount	Total Amount in Rs.
14/11/19	8:00 am	Shisapur	14/11/19	8:30 am	Thalner	15		20 = ₹			20 = ₹
21/11/19	5:30 pm	Thalner	21/11/19	6:00 pm	Shisapur	15		20 = ₹			20 = ₹
						D.A.	for 7 days @ 130			910 = ₹	910 = ₹

Other Allowable Expenses (Toll Tax/Auto Local Fare etc)

Remuneration / Honorarium Details : Number of days _____ X Approved amount Rs. _____

Rs. In Words : Nine hundred & fifty only.

Total

950 = ₹

Note: Certified particulars & documents as furnished with this bill are true & correct that no TA in respect of the journey for the period mentioned in the bill has been or will be claimed from any other source/s. As a result of audit objection at a later stage, I undertake to refund, adjust the objected amount.

Declaration

I will intimate about the taxable provision of above income to my employer for TDS purpose

Signature of Claimant

Signature of Chairman of Committee

The date & timing mentioned in the claim with details of Point No. 1 to 8 above are verified & found correct.

Signature of Section In-charge

Check List	Availability	Details for Online Payment Transfer
Copy of RC Book (Own Car)	Yes / No	Bank Name :
Token No	Yes / No	IFS Code :
Lunch by University	Yes / No	Account No :
Bus/Railway/Air /Taxi /Air	Ticket or Bill	
Remunerative	Yes / No	
Approval for Air Travel	Yes / No	

Budget Head

Budget Code:

The above claim is passed for payment of Rs. -----

(in words Rupees : _____)

Received in Cash / Cheque

Revenue stamp for above Rs. 5000/-

Passing Assistant

Section Officer

AR/AFO/DR/DFO

FAO



Kavayitri Bahinabai Chaudhari North Maharashtra University, Jalgaon

UMAVI NAGAR, At Post Bambhori, Dist. JALGAON 425001

Token No :
Payment V. No.:
Invoice No :

TRAVELLING ALLOWANCE CLAIM

Payment Doc. No.:

- 1) Full Name : ANAND JAYANTILAL MAHESHWARI
- 2) Designation & Grade Pay : Assistant Professor, AEP: 6000/-
- 3) Full Address (Head Quarter) : R.C. Patel Arts, Comm. & Science College
- 4) Name of Committee : Senior Supervisor
- 5) Mode of Journey : By
(By Bus / Taxi / Own Car / Railway / Air)
- 6) Document supported with Token : _____
(Tickets / Bill / RC Book & Vehicle No/ taxi no.)
- 7) Co-traveler, if any : 1) _____ 2) _____
(with his starting point)
- 8) Details of Journey :

Departure			Arrival			Details					
Date	Time (Hrs)	Place	Date	Time (Hrs)	Place	Distance in KM	@ Rate	Fare Amount	Other Exps. Amount	DA Amount	Total Amount in Rs.
13/11/15	7:30	Shirpur	13/11/15	8:30 AM	Thalner	15		20			20=00
23/11/15	5:30 PM	Thalner	23/11/15	6:30 PM	Shirpur	15		20			20=00
D.A. For 9 days @ 120											1080

Other Allowable Expenses (Toll Tax/Auto Local Fare etc)

Remuneration / Honorarium Details : Number of days _____ X Approved amount Rs. _____	
Rs. In Words : <u>One thousand one Hundred Twenty only</u> Total	<u>1120/-</u>

Note: Certified particulars & documents as furnished with this bill are true & correct that no TA in respect of the journey for the period mentioned in the bill has been or will be claimed from any other source/s. As a result of audit objection at a later stage, I undertake to refund, adjust the objected amount.

Declaration

I will intimate about the taxable provision of above income to my employer for TDS purpose

Signature of Claimant

Signature of Chairman of Committee

The date & timing mentioned in the claim with details of Point No. 1 to 8 above are verified & found correct.

Signature of Section In-charge

Check List	Availability	Details for Online Payment Transfer
Copy of RC Book (Own Car)	Yes / No	Bank Name :
Token No	Yes / No	IFS Code :
Lunch by University	Yes / No	Account No :
Bus/Railway/Air /Taxi /Air	Ticket or Bill	
Remunerative	Yes / No	
Approval for Air Travel	Yes / No	

Budget Head

Budget Code:

The above claim is passed for payment of Rs. -----

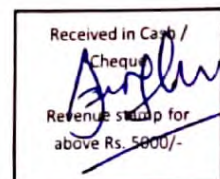
(in words Rupees : _____)

Passing Assistant

Section Officer

AR/AFO/DR/DFO

FAO





Kavayitri Bahinabai Chaudhari North Maharashtra University, Jalgaon

UMAVI NAGAR, AI Post Bambhori, Dist. JALGAON 425001

Token No :

Payment V. No :

Invoice No :

TRAVELLING ALLOWANCE CLAIM

Payment Doc. No.:

- 1) Full Name : RAMSINGH RAJYA VASAVE
- 2) Designation & Grade Pay : Asstt. prof
- 3) Full Address (Head Quarter) : R.C. Patel ACS college slumpur
- 4) Name of Committee : Internal senior supervisors
- 5) Mode of Journey : By Bus
(By Bus / Taxi / Own Car / Railway / Air)
- 6) Document supported with Token : _____
(Tickets / Bill / RC Book & Vehicle No/ taxi no.)
- 7) Co-traveler, if any : (1) _____ 2) _____
(with his starting point)
- 8) Details of Journey :

Departure			Arrival			Details					
Date	Time (Hrs)	Place	Date	Time (Hrs)	Place	Distance in KM	@ Rate	Fare Amount	Other Exps. Amount	DA Amount	Total Amount in Rs.
25/11	7.00	slumpur	25/11	8.00	Thalner			20			20
01/12	5.00	Thalner	01/12	6.00	slumpur			20			20
											840

Other Allowable Expenses (Toll Tax/Auto Local Fare etc)

Remuneration / Honorarium Details : Number of days _____ X Approved amount Rs. _____	Total	880/-
Rs. In Words : <u>Eight hundred eighty.</u>		

Note: Certified particulars & documents as furnished with this bill are true & correct that no TA in respect of the journey for the period mentioned in the bill has been or will be claimed from any other source/s. As a result of audit objection at a later stage, I undertake to refund, adjust the objected amount.

Declaration

I will intimate about the taxable provision of above income to my employer for TDS purpose

Signature of Claimant

Ramsingh

Signature of Chairman of Committee

The date & timing mentioned in the claim with details of Point No. 1 to 8 above are verified & found correct.

Signature of Section In-charge

Check List	Availability	Details for Online Payment Transfer
Copy of RC Book (Own Car)	Yes / No	Bank Name :
Token No	Yes / No	IFS Code :
Lunch by University	Yes / No	Account No :
Bus/Railway/Air /Taxi /Air	Ticket or Bill	
Remunerative	Yes / No	
Approval for Air Travel	Yes / No	

Budget Head

Budget Code:

The above claim is passed for payment of Rs. -----

(in words Rupees : _____)

Received in Cash /
Cheque
Ramsingh
Revenue stamp for
above Rs. 5000/-

Passing Assistant

Section Officer

AR/AFO/DR/DFO

FAO



Kavayitri Bahinabai Chaudhari North Maharashtra University, Jalgaon

UMAVI NAGAR, Al Post Bambhori, Dist. JALGAON 425001

Token No :

Payment V. No:

Invoice No :

TRAVELLING ALLOWANCE CLAIM

- 1) Full Name : WASUDEO GOVINDA MESHARAM Payment Doc. No.:
- 2) Designation & Grade Pay : Assit. Prof.
- 3) Full Address (Head Quarter) : S. P. D. M. College, Shiropur
- 4) Name of Committee : Ext. Supervisor
- 5) Mode of Journey : Bus
(By Bus / Taxi / Own Car / Railway / Air)
- 6) Document supported with Token : -
(Tickets / Bill / RC Book & Vehicle No/ taxi no.)
- 7) Co-traveler, if any : 1) _____ 2) _____
(with his starting point)
- 8) Details of Journey :

Departure			Arrival			Details					
Date	Time (Hrs)	Place	Date	Time (Hrs)	Place	Distance in KM	@ Rate	Fare Amount	Other Exps. Amount	DA Amount	Total Amount in Rs.
25/11/19	7.00	Shiropur	25/11	8.00	Thalner	15 km		20			20
21/12/19	5.00	Thalner	22/12	6.00	Shiropur	15 km		20			20
						DA For 2 days		120			840

Other Allowable Expenses (Toll Tax/Auto Local Fare etc)

Remuneration / Honorarium Details : Number of days _____ X Approved amount Rs. _____	8
Rs. In Words : <u>Eight Hundred Eighty Rs</u> Total	880

Note: Certified particulars & documents as furnished with this bill are true & correct that no TA in respect of the journey for the period mentioned in the bill has been or will be claimed from any other source/s. As a result of audit objection at a later stage, I undertake to refund, adjust the objected amount.

Declaration

I will intimate about the taxable provision of above income to my employer for TDS purpose

Signature of Claimant

Signature of Chairman of Committee

The date & timing mentioned in the claim with details of Point No. 1 to 8 above are verified & found correct.

Signature of Section In-charge

Check List	Availability	Details for Online Payment Transfer
Copy of RC Book (Own Car)	Yes / No	Bank Name :
Token No	Yes / No	IFS Code :
Lunch by University	Yes / No	Account No :
Bus/Railway/Air /Taxi /Air	Ticket or Bill	
Remunerative	Yes / No	
Approval for Air Travel	Yes / No	

Budget Head

Budget Code:

The above claim is passed for payment of Rs. -----

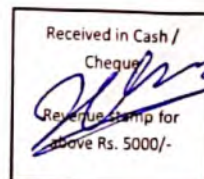
(in words Rupees : _____)

Passing Assistant

Section Officer

AR/AFO/DR/DFO

FAO



KAVAYITRI BAHINABAI CHAUDHARI
NORTH MAHARASHTRA UNIVERSITY, JALGAON



Budget Head-Supervision Charges

Payment Register Page No.

CBF..... Voucher No.....

Cash/Cheque No. Date

To,
The Registrar,
North Maharashtra University, Jalgaon

(Name of the Asstt. to the Senior Supervisor) NASIR Y. KAZI

(In Capital letters beginning with Surname)

Asstt. to the Senior Supervisor at the S.Y./T.Y. Bsc. Examination/s

of April/May/Oct./Nov. 2019 (Thalner. Centre).

Place of Examination M.C. Tele Science College, Thalner Tal-Shirpur

	Rs.	Ps.
◎ The amount due to me for having worked as Asstt. to the Senior Supervisor at the above Examinations.		
For Three Sessions on * <u>01/11, 21/11, 5/11, 6/11, 11/11, 13/11, 6x3</u>	1620	-
For Two Sessions on* <u>8/11, 9/11, 14/11, 15/11, 16/11, 5x2.</u>	900	-
For One Session on* <u>4/11, 7/11, 19/11, 21/11, 22/11, 01/12, 6x1</u>	540	-
<u>34 Days @ 90/Rupes.</u>		
Total..... <u>34x90</u>	2060	-

* Dates must be mentioned without fail

Address :

Post - Thalner

Tal - Shirpur

Dist - Dhule.

Signature Nasir Y. Kazi
(Asstt. to the Senior Supervisor)

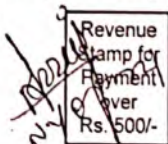
Countersignature
(Senior Supervisor)

I hereby undertake to refund any amount paid in excess of the amount due.

Signature Nasir Y. Kazi
(Asstt. to the Senior Supervisor)

PAYMENT RECEIVED

To be stamped and signed in advance.



* Senior Supervisor should see that dates are filled in before the bill is countersigned.

- (i) Bill verified as per Attendance Roll.
- (ii) Certified that the Asstt. to Sr. Supervisor has actually worked on the dates and sessions shown in the bill and that the remuneration due to him is paid in my presence.

.....
(Signature of the Sr. Supervisor)

◎ The prescribed rate of payment of Rs.20/- per Session for less than three hours & Rs. 25/- per Session for three hours or more than three hours.

NORTH MAHARASHTRA UNIVERSITY, JALGAON



Budget Head-Supervision Charges

Payment Register Page No.

CBF..... Voucher No.....

Cash/Cheque No. Date

To,

The Registrar,

North Maharashtra University, Jalgaon

(Name of the Asstt. to the Senior Supervisor)

GANESH MADHUKAR PATIL

Dispatch Clerk

(In Capital letters beginning with Surname)

Asstt. to the Senior Supervisor at the

S.Y./T.Y.Bsc

Examination/s

of April/May/Oct./Nov. 2009

(Thalner Centre).

Place of Examination

M.G. Tele Science College, Thalner, Tal. Shirpur

	Rs.	Ps.
● The amount due to me for having worked as Asstt. to the Senior Supervisor at the above Examinations.		
For Three Sessions on * <u>01/11, 21/11, 5/11, 6/11, 11/11, 13/11</u> @ 6x3	1350	1/-
For Two Sessions on * <u>8/11, 9/11, 14/11, 15/11, 16/11</u> 5x2	750	1/-
For One Session on * <u>4/11, 7/11, 19/11, 21/11, 23/11, 24/11</u> 6x1	450	1/-
<u>34 Days @ Rs. 75</u>		
Total <u>34</u>	2550	1/-

* Dates must be mentioned without fail

Address :

Dr. Pos. Thalner

Tal. Shirpur, Dist. Dhule.

Signature

(Asstt. to the Senior Supervisor)

Dispatch Clerk

Countersignature

(Senior Supervisor)

I hereby undertake to refund any amount paid in excess of the amount due.

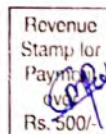
Signature

(Asstt. to the Senior Supervisor)

Dispatch Clerk

PAYMENT RECEIVED

To be stamped and signed in advance.



* Senior Supervisor should see that dates are filled in before the bill is countersigned.

(i) Bill verified as per Attendance Roll.

(ii) Certified that the Asstt. to Sr. Supervisor has actually worked on the dates and sessions shown in the bill and that the remuneration due to him is paid in my presence.

(Signature of the Sr. Supervisor)

● The prescribed rate of payment of Rs.20/- per Session for less than three hours & Rs. 25/- per Session for three hours or more than three hours.



Kavayitri Bahinabai Chaudhari North Maharashtra University, Jalgaon

Remuneration form for Laboratory Staff employed to conduct Practical/Oral Examinations

Payment Register Page No. _____

C.D.F. _____

Voucher No. _____

Cash/M.O./Cheque No. _____

Note :- All entries in this form must be filled in by the person preferring the bill. Form in which any entry is left blank will be returned for completion to the person preferring the bill

organic chemistry pract Examination
Centre M.G. Tele Sr. Place Thalner.
To, College
The Registrar,
North Maharashtra University,
Jalgaon - 425001

Dates for		
Preparation	Examination	Cleaning
15/10/19	16/10/19	17/10/19

To,
Name (in BLOCK LETTERS) NANDKISHOR V. BADGUJAR
Full Address Thalner, Tal- Shirpur, Dist- Dhule.

Expert Assistant/ Laboratory Assistant/Laboratory Technician/ Store- Keeper/ Museum Assistant/ Qualified Nurse/ Electrical Foreman/ Foreman/ Gas Plant Operator/ Machine Mechanic/ Peon/ Mali/ Field Collector/ Beltman/ Blacksmith/Museum Servant/ Ayah/ Ward boy/ Hamal/ Sweeper/ Mehtar.

at the Practical Examination in organic chemistry
at the T.Y.B.Sc Examination of Oct / Nov 20 19

Amount due to me as 180 Rs.

at the Practical Examination.

	Rs.	Rs.
(1) ...01... days of Preparation at Rs.60.....	60	00
(2) ...01... days of Preparation at Rs.60..... per day/batch/practical.	60	00
(3) ...01... days of Preparation at Rs.60.....	60	00
Total...180	180	00

Date 16/10/19 Signature Badgujar

Certified that Shri/Smt. NANDKISHOR V. BADGUJAR rendered assistance to us as Expert at the Practical Examination referred to above

and that the Examination lasted for 03 days inclusive of days for preparation and cleaning up.

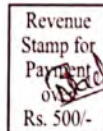
The practicals lasted for 01 hours a day/batch

28 Pater
16/10/19
Signature of Examiners

Budget Head : Misc. Exp. at Exam. Centres
Code No. : _____

TO BE RECEPTE IN ADVANCE

Payment Received



Signature Across the above Stamp is required.

* Strike which is not applicable.

PASSED FOR Rs. _____ P. _____

Rs. _____

Date _____

S.O.
(Bills)

S.O.
(Audit)

Dy. F.O.

F.O./Registrar
K.B.C.North Maharashtra
University, Jalgaon



॥ अंतरी पेटवू ज्ञानज्योत ॥

Kavayitri Bahinabai Chaudhari North Maharashtra University, Jalgaon

Remuneration form for Laboratory Staff employed to conduct Practical/Oral Examinations

Payment Register Page No. - _____

C.H.F. _____

Voucher No. _____

Cash/M.O./Cheque No. _____

Note :- All entries in this form must be filled in by the person preferring the bill. Form in which any entry is left blank will be returned for completion to the person preferring the bill

Inorganic chemistry pract Examination
Centre M. G. Tele Sr. Place Thalner
To, College.

The Registrar,
North Maharashtra University,
Jalgaon - 425001

Dates for		
Preparation	Examination	Cleaning
16/10/19	17/10/19	18/10/19

To,
Name (in BLOCK LETTERS) JAYSHING G. PAWARA
Full Address Thalner, Tal-shirpur Dist - Dhule.

* Expert Assistant/ Laboratory Assistant/Laboratory Technician/ Store- Keeper/ Museum Assistant/ Qualified Nurse/ Electrical Foreman/ Foreman/ Gas Plant Operator/ Machine Mechanic/ Peon/ Mali/ Field Collector/ Beltman/ Blacksmith/Museum Servant/ Ayah/ Ward boy/ Hamal/ Sweeper/ Mehtar.

at the Practical Examination in Inorganic chemistry
at the T. Y. B. Sc Examination of oct / NOV 20 19.

Amount due to me as 180 Rs.

at the Practical Examination.

	Rs.	Rs.
(1) <u>01</u> days of Preparation at Rs. <u>60</u>	60	00
(2) <u>01</u> days of Preparation at Rs. <u>60</u> per day/batch/practical.	60	00
(3) <u>01</u> days of Preparation at Rs. <u>60</u>	60	00
Total <u>180</u>	180	00

Signature _____

Date 17/10/2019
Certified that Shri/Smt. JAYSHING G. PAWARA rendered assistance to us as Inorganic chemistry (Expert) at the Practical Examination referred to above and that the Examination lasted for 03 days inclusive of days for preparation and cleaning up.

The practicals lasted for 01 hours a day/batch

Signature of Examiners [Signature]
17/10/2019

Budget Head : Misc. Exp. at Exam. Centres
Code No. : _____
TO BE RECEPTEED IN ADVANCE
Payment Received

Revenue Stamp for Payment over Rs. 500/-

Signature Across the above Stamp is required.
* Strike which is not applicable.

PASSED FOR Rs. _____ P. _____
Rs. _____
Date _____
S.O. (Bills) S.O. (Audit) Dy. F.O. F.O./Registrar
K.B.C. North Maharashtra University, Jalgaon



॥ अंतरी पेटवू ज्ञानज्योत ॥

Kavayitri Bahinabai Chaudhari North Maharashtra University, Jalgaon

Remuneration form for Laboratory Staff employed to conduct Practical/Oral Examinations

Payment Register Page No. - _____

C.B.F. _____

Voucher No. _____

Cash/M.O./Cheque No. _____

Note :- All entries in this form must be filled in by the person preferring the bill. Form in which any entry is left blank will be returned for completion to the person preferring the bill

physical chemistry pract Examination
Centre Thalner Place Thalner
To, M.G. Tele sr. college.

The Registrar,
North Maharashtra University,
Jalgaon - 425001

Dates for		
Preparation	Examination	Cleaning
18/10/19	19/10/19	20/10/19

To,
Name (in BLOCK LETTERS) MUKESH M. SHIRSATI
Full Address Thalner, Tal-shirpur, Dist-Dhule.

* Expert Assistant/ Laboratory Assistant/Laboratory Technician/ Store- Keeper/ Museum Assistant/ Qualified Nurse/ Electrical Foreman/ Foreman/ Gas Plant Operator/ Machine Mechanic/ Peon/ Mali/ Field Collector/ Beltman/ Blacksmith/Museum Servant/ Ayah/ Ward boy/ Hamal/ Sweeper/ Mehtar.

at the Practical Examination in physical chemistry
at the T.Y. B.Sc. Examination of Oct/Nov 20 19

Amount due to me as 180 Rs.

at the Practical Examination.

	Rs.	Rs.
(1) <u>01</u> days of Preparation at Rs. <u>60</u>	60	00
(2) <u>01</u> days of Preparation at Rs. <u>60</u> per day/batch/practical.	60	00
(3) <u>01</u> days of Preparation at Rs. <u>60</u>	60	00
Total	180	00

Date 19/10/19 Signature _____

Certified that Shri/Smt. MUKESH M. SHIRSATI rendered assistance to us as Expert at the Practical Examination referred to above and that the Examination lasted for 03 days inclusive of days for preparation and cleaning up.

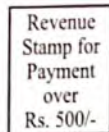
The practicals lasted for 01 hours a day/batch

Signature of Examiners

Budget Head : Misc. Exp. at Exam. Centres
Code No. : _____

TO BE RECEPTEED IN ADVANCE

Payment Received



Signature Across the above Stamp is required.

* Strike which is not applicable.

PASSED FOR Rs. _____ P. _____

Rs. _____

Date _____

S.O.
(Bills)

S.O.
(Audit)

Dy. F.O.

F.O./Registrar
K.B.C.North Maharashtra
University, Jalgaon



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Kavayitri Bahinabai Chaudhari North Maharashtra University, Jalgaon

Remuneration form for Laboratory Staff employed to conduct Practical/Oral Examinations

Payment Register Page No. - _____

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Voucher No. _____

Cash/M.O./Cheque No. _____

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organic chemistry pract Examination
Centre M.G. Tele Gr. Place Thalner.
To, College
The Registrar,
North Maharashtra University,
Jalgaon - 425001

Dates for		
Preparation	Examination	Cleaning
15/10/19	16/10/19	17/10/19

To,
Name (in BLOCK LETTERS) GANESH M. PATIL
Full Address Thalner, Tal-shirpur Dist - Dhule.

Expert Assistant/ Laboratory Assistant/Laboratory Technician/ Store- Keeper/ Museum Assistant/ Qualified Nurse/ Electrical Foreman/ Foreman/ Gas Plant Operator/ Machine Mechanic/ Peon/ Mali/ Field Collector/ Beltman/ Blacksmith/Museum Servant/ Ayah/ Ward boy/ Hamal/ Sweeper/ Mehtar.
at the Practical Examination in organic chemistry
at the T.Y. B.Sc. Examination of Oct / Nov 20 19

Amount due to me as 180 Rs.
_____ at the Practical Examination.

	Rs.	Rs.
(1) ... <u>01</u> ... days of Preparation at Rs. <u>60</u>	60	00
(2) ... <u>01</u> ... days of Preparation at Rs. <u>60</u> per day/batch/practical.	60	00
(3) ... <u>01</u> ... days of Preparation at Rs. <u>60</u>	60	00
Total... <u>180</u>	180	00

Date 16/10/19 Signature _____

Certified that Shri/Smt. GANESH M. PATIL rendered assistance to us as Lab Asst at the Practical Examination referred to above and that the Examination lasted for 03 days inclusive of days for preparation and cleaning up.

The practicals lasted for 01 hours a day/batch

Signature of Examiners

Budget Head : Misc. Exp. at Exam. Centres
Code No. : _____
TO BE RECEPPTED IN ADVANCE
Payment Received

Signature Across the above Stamp is required.
* Strike which is not applicable.

PASSED FOR Rs. _____ P. _____
Rs. _____
Date _____
S.O. (Bills) S.O. (Audit) Dy. F.O. F.O./Registrar
K.B.C.North Maharashtra University, Jalgaon



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Kavayitri Bahinabai Chaudhari North Maharashtra University, Jalgaon

Remuneration form for Laboratory Staff employed to conduct Practical/Oral Examinations

Payment Register Page No. - _____

C.B.F. _____

Voucher No. _____

Cash/M.O./Cheque No. _____

Note :- All entries in this form must be filled in by the person preferring the bill. Form in which any entry is left blank will be returned for completion to the person preferring the bill

Inorganic chemistry pract Examination

Centre M.G. Tele Sr. Place Thalner.

To, college

The Registrar,
North Maharashtra University,
Jalgaon - 425001

Dates for		
Preparation	Examination	Cleaning
16/10/19	17/10/19	18/10/19

To,

Name (in BLOCK LETTERS) GANESH M. PATIL

Full Address Thalner, Tal-shirpur, Dist-Dhule

* Expert Assistant/ Laboratory Assistant/Laboratory Technician/ Store- Keeper/ Museum Assistant/ Qualified Nurse/ Electrical Foreman/ Foreman/ Gas Plant Operator/ Machine Mechanic/ Peon/ Mali/ Field Collector/ Beltman/ Blacksmith/Museum Servant/ Ayah/ Ward boy/ Hamal/ Sweeper/ Mehatar.

at the Practical Examination in Inorganic chemistry

at the T.Y.B.Sc Examination of Oct/Nov 20 19

Amount due to me as 180 Rs.

at the Practical Examination.

	Rs.	Rs.
(1) <u>01</u> days of Preparation at Rs. <u>60</u>	60	00
(2) <u>01</u> days of Preparation at Rs. <u>60</u> per day/batch/practical.	60	00
(3) <u>01</u> days of Preparation at Rs. <u>60</u>	60	00
Total	180	00

Date 17/10/2019

Signature [Signature]

Certified that Shri/Smt. GANESH M. PATIL

as Lab Asst. at the Practical Examination referred to above

and that the Examination lasted for 03 days inclusive of days for preparation and cleaning up.

The practicals lasted for

01 hours a day/batch

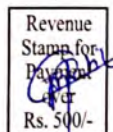
Signature of Examiners [Signature]
17/10/2019

Budget Head : Misc. Exp. at Exam. Centres

Code No. : _____

TO BE RECEIPTED IN ADVANCE

Payment Received



Signature Across the above Stamp is required.

* Strike which is not applicable.

PASSED FOR Rs. _____ P. _____

Rs. _____

Date _____

S.O.
(Bills)

S.O.
(Audit)

Dy. F.O.

F.O./Registrar
K.B.C.North Maharashtra
University, Jalgaon



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Kavayitri Bahinabai Chaudhari North Maharashtra University, Jalgaon

Remuneration form for Laboratory Staff employed to conduct Practical/Oral Examinations

Payment Register Page No. - _____

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Voucher No. _____

Cash/M.O./Cheque No. _____

Note :- All entries in this form must be filled in by the person preferring the bill. Form in which any entry is left blank will be returned for completion to the person preferring the bill

physical chemistry pract Examination
Centre M.G. Tele. Sr. Place Thalner
To, college, r'

The Registrar,
North Maharashtra University,
Jalgaon - 425001

Dates for		
Preparation	Examination	Cleaning
18/10/19	19/10/19	20/10/19

To,

Name (in BLOCK LETTERS) GANESH M. PATIL

Full Address Thalner, Tal - shirpur, Dist - Dhule.

Expert Assistant/ Laboratory Assistant/Laboratory Technician/ Store- Keeper/ Museum Assistant/ Qualified Nurse/ Electrical Foreman/ Foreman/ Gas Plant Operator/ Machine Mechanic/ Peon/ Mali/ Field Collector/ Beltman/ Blacksmith/Museum Servant/ Ayah/ Ward boy/ Hamal/ Sweeper/ Mehtar.

at the Practical Examination in physical chemistry
at the T.Y.B.Sc Examination of oct / Nov 20 19

Amount due to me as 180Rs.

at the Practical Examination.

	Rs.	Rs.
(1) <u>01</u> days of Preparation at Rs. <u>60</u>	60	00
(2) <u>01</u> days of Preparation at Rs. <u>60</u> per day/batch/practical.	60	00
(3) <u>01</u> days of Preparation at Rs. <u>60</u>	60	00
Total	180	00

Date 19/10/19

Signature _____

Certified that Shri/Smt. GANESH M. PATIL rendered assistance to us as Lab Asst. at the Practical Examination referred to above

and that the Examination lasted for 03 days inclusive of days for preparation and cleaning up.

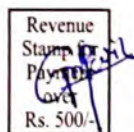
The practicals lasted for 01 hours a day/batch

Signature of Examiners [Signature]

Budget Head : Misc. Exp. at Exam. Centres
Code No. : _____

TO BE RECEPTEED IN ADVANCE

Payment Received



Signature Across the above Stamp is required.

* Strike which is not applicable.

PASSED FOR Rs. _____ P. _____

Rs. _____

Date _____

S.O. (Bills)

S.O. (Audit)

Dy. F.O.

F.O./Registrar
K.B.C.North Maharashtra University, Jalgaon



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Kavayitri Bahinabai Chaudhari North Maharashtra University, Jalgaon

Remuneration form for Laboratory Staff employed to conduct Practical/Oral Examinations

Payment Register Page No. - _____

C.B.F. _____

Voucher No. _____

Cash/M.O./Cheque No. _____

Note :- All entries in this form must be filled in by the person preferring the bill. Form in which any entry is left blank will be returned for completion to the person preferring the bill

Organic Chemistry Prac. Examination
Centre M.G. Tele. Soc. Place Thalner
To, College.

The Registrar,
North Maharashtra University,
Jalgaon - 425001

Dates for		
Preparation	Examination	Cleaning
15/10/19	16/10/19	17/10/19

To,

Name (in BLOCK LETTERS) NITIN B. TELE

Full Address Thalner, Tal-shirpur Dist - Dhule

Expert Assistant/ Laboratory Assistant/Laboratory Technician/ Store- Keeper/ Museum Assistant/ Qualified Nurse/ Electrical Foreman/ Foreman/ Gas Plant Operator/ Machine Mechanic/ Peon/ Mali/ Field Collector/ Beltman/ Blacksmith/Museum Servant/ Ayah/ Ward boy/ Hamal/ Sweeper/ Mehtar.

at the Practical Examination in Organic Chemistry

at the T.Y. B.S. Examination of Oct/Nov 20____

Amount due to me as Rs. _____

at the Practical Examination.

(1)01..... days of Preparation at Rs.40.....	Rs. 40	Rs. 00
(2)01..... days of Preparation at Rs.40..... per day/batch/practical.	40	00
(3)01..... days of Preparation at Rs.40.....	60	00
Total. 120	120	00

Date 16/10/19

Signature _____

Certified that Shri/Smt. NITIN B. TELE rendered assistance to us as Practical Peon. at the Practical Examination referred to above

and that the Examination lasted for 03 days inclusive of days for preparation and cleaning up.

The practicals lasted for 01 hours a day/batch

Sopata
16/10/19

Signature of Examiners

Budget Head : Misc. Exp. at Exam. Centres
Code No. : _____

TO BE RECEIPTED IN ADVANCE

Payment Received

Revenue
Stamp for
Payment
over
Rs. 500/-

Signature Across the above
Stamp is required.

* Strike which is not applicable.

PASSED FOR Rs. _____ P. _____

Rs. _____

Date _____

S.O.
(Bills)

S.O.
(Audit)

Dy. F.O.

F.O./Registrar
K.B.C. North Maharashtra
University, Jalgaon



॥ अंतरी पेटवू ज्ञानज्योत ॥

Kavayitri Bahinabai Chaudhari North Maharashtra University, Jalgaon

Remuneration form for Laboratory Staff employed to conduct Practical/Oral Examinations

Payment Register Page No. - _____

C.B.F. _____

Voucher No. _____

Cash/M.O./Cheque No. _____

Note :- All entries in this form must be filled in by the person preferring the bill. Form in which any entry is left blank will be returned for completion to the person preferring the bill

Centre Organic chemistry Examination
M. G. Tale in Place Thalner
To, College

The Registrar,
North Maharashtra University,
Jalgaon - 425001

To,

Name (in BLOCK LETTERS) BHAIKUBAI S. BIRHADE

Full Address Thalner, Tal. Shirpur, Dist - Jalgaon

Dates for		
Preparation	Examination	Cleaning
15/10/19	16/10/19	17/10/19

Expert Assistant/ Laboratory Assistant/Laboratory Technician/ Store- Keeper/ Museum Assistant/ Qualified Nurse/ Electrical Foreman/ Foreman/ Gas Plant Operator/ Machine Mechanic/ Peon/ Mali/ Field Collector/ Beltman/ Blacksmith/Museum Servant/ Ayah/ Ward boy/ Hamal/ Sweeper/ Mehetar.

at the Practical Examination in BHAIKUBAI S. BIRHADE Organic Chemistry
at the T.Y. BSc Examination of Oct / Nov 20 19

Amount due to me as Rs. _____

at the Practical Examination.

	Rs.	Rs.
(1) <u>01</u> days of Preparation at Rs. <u>40</u>	40	00
(2) <u>01</u> days of Preparation at Rs. <u>40</u> per day/batch/practical.	40	00
(3) <u>01</u> days of Preparation at Rs. <u>40</u>	40	00
Total	120	00

Date 16/10/19

Signature B.S.B.

Certified that Shri/Smt. BHAIKUBAI S. BIRHADE rendered assistance to us as practical Peon at the Practical Examination referred to above

and that the Examination lasted for 03 days inclusive of days for preparation and cleaning up.

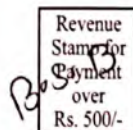
The practicals lasted for 01 hours a day/batch

Signature of Examiners
[Signature]
16/10/19

Budget Head : Misc. Exp. at Exam. Centres
Code No. : _____

TO BE RECEPTEED IN ADVANCE

Payment Received



Signature Across the above Stamp is required.

* Strike which is not applicable.

PASSED FOR Rs. _____ P. _____

Rs. _____

Date _____

S.O.
(Bills)

S.O.
(Audit)

Dy. F.O.

F.O./Registrar
K.B.C.North Maharashtra
University, Jalgaon



॥ अंतरी पेटवू ज्ञानज्योत ॥

Kavayitri Bahinabai Chaudhari North Maharashtra University, Jalgaon

Remuneration form for Laboratory Staff employed to conduct Practical/Oral Examinations

Payment Register Page No. - _____

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Voucher No. _____

Cash/M.O./Cheque No. _____

Note :- All entries in this form must be filled in by the person preferring the bill. Form in which any entry is left blank will be returned for completion to the person preferring the bill

Inorganic chemistry pract Examination
Centre M. G. Tele Sr. Place Thalner.

To, college
The Registrar,
North Maharashtra University,
Jalgaon - 425001

Dates for		
Preparation	Examination	Cleaning
16/10/19	17/10/19	18/10/19

To,
Name (in BLOCK LETTERS) NITIN B. TELE

Full Address Thalner, Tal - Shirpur, Dist - Dhule.

* Expert Assistant/ Laboratory Assistant/Laboratory Technician/ Store- Keeper/ Museum Assistant/ Qualified Nurse/ Electrical Foreman/ Foreman/ Gas Plant Operator/ Machine Mechanic/ Peon/ Mali/ Field Collector/ Beltman/ Blacksmith/Museum Servant/ Ayah/ Ward boy/ Hamal/ Sweeper/ Mehetar.

at the Practical Examination in Inorganic chemistry
at the T. Y. B.Sc Examination of oct / Nov 20 19

Amount due to me as 120 Rs.

at the Practical Examination.

	Rs.	Rs.
(1) <u>01</u> days of Preparation at Rs. <u>40</u>	40	00
(2) <u>01</u> days of Preparation at Rs. <u>40</u> per day/batch/practical.	40	00
(3) <u>01</u> days of Preparation at Rs. <u>40</u>	40	00
Total... <u>120</u>	120	00

Date 17/10/2019

Signature _____

Certified that Shri/Smt. NITIN B. TELE rendered assistance to us as peon at the Practical Examination referred to above

and that the Examination lasted for 03 days inclusive of days for preparation and cleaning up.

The practicals lasted for 01 hours a day/batch

Signature of Examiners [Signature]
17/10/2019

Budget Head : Misc. Exp. at Exam. Centres
Code No. : _____

TO BE RECEPTEED IN ADVANCE

Payment Received

Revenue Stamp for Payment over Rs. 500/-

Signature Across the above Stamp is required.

* Strike which is not applicable.

PASSED FOR Rs. _____ P. _____

Rs. _____

Date _____

S.O. (Bills)

S.O. (Audit)

Dy. F.O.

F.O./Registrar
K.B.C.North Maharashtra University, Jalgaon



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Kavayitri Bahinabai Chaudhari North Maharashtra University, Jalgaon

Remuneration form for Laboratory Staff employed to conduct Practical/Oral Examinations

Payment Register Page No. - _____

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Voucher No. _____

Cash/M.O./Cheque No. _____

Note :- All entries in this form must be filled in by the person preferring the bill. Form in which any entry is left blank will be returned for completion to the person preferring the bill

Inorganic Chemistry practical Examination

Centre M.C. Tele. Sr. College Place Thalner

To,

The Registrar,
North Maharashtra University,
Jalgaon - 425001

To,

Name (in BLOCK LETTERS) BHIKUBAI S. BIRHADE

Full Address Thalner, Tal- Shripur, Dist- Dhule

Dates for		
Preparation	Examination	Cleaning

* Expert Assistant/ Laboratory Assistant/Laboratory Technician/ Store- Keeper/ Museum Assistant/ Qualified Nurse/ Electrical Foreman/ Foreman/ Gas Plant Operator/ Machine Mechanic/ Peon/ Mali/ Field Collector/ Beltman/ Blacksmith/Museum Servant/ Ayah/ Ward boy/ Hamal/ Sweeper/ Mehtar

at the Practical Examination in Inorganic Chemistry

at the T.Y.B.Sc. Examination of Oct/Nov. 20 19

Amount due to me as 120 Rs.

at the Practical Examination.

	Rs.	Rs.
(1) <u>01</u> days of Preparation at Rs. <u>60</u>	<u>60</u>	<u>00</u>
(2) <u>01</u> days of Preparation at Rs. <u>60</u> per day/batch/practical.	<u>60</u>	<u>00</u>
(3) <u>01</u> days of Preparation at Rs. <u>40</u>	<u>40</u>	<u>00</u>
Total <u>120</u>	<u>120</u>	<u>00</u>

Date 17/10/2019

Signature _____

Certified that Shri/Smt. BHIKUBAI S. BIRHADE rendered assistance to us as Peon at the Practical Examination referred to above

and that the Examination lasted for 03 days inclusive of days for preparation and cleaning up.

The practicals lasted for 01 hours a day/batch

[Signature]
17/10/19
[Signature]
17/10/2019
Signature of Examiners

Budget Head : Misc. Exp. at Exam. Centres
Code No. : _____

TO BE RECEIPTED IN ADVANCE

Payment Received

Revenue Stamp for Payment over Rs. 500/-

Signature Across the above Stamp is required.

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PASSED FOR Rs. _____ P. _____

Rs. _____

Date _____

S.O. (Bills)

S.O. (Audit)

Dy. F.O.

F.O./Registrar
K.B.C. North Maharashtra University, Jalgaon



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Kavayitri Bahinabai Chaudhari North Maharashtra University, Jalgaon

Remuneration form for Laboratory Staff employed to conduct Practical/Oral Examinations

Payment Register Page No. - _____

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Voucher No. _____

Cash/M.O./Cheque No. _____

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physical chemistry pract Examination

Centre M.G. Tele Sr. Place Thalner.

To, college

The Registrar,
North Maharashtra University,
Jalgaon - 425001

Dates for		
Preparation	Examination	Cleaning
18/10/19	19/10/19	20/10/19

To,

Name (in BLOCK LETTERS) NITIN B. TELE

Full Address Thalner Tal- shirpur dist - Dhule.

Expert Assistant/ Laboratory Assistant/Laboratory Technician/ Store- Keeper/ Museum Assistant/ Qualified Nurse/ Electrical Foreman/ Foreman/ Gas Plant Operator/ Machine Mechanic/ Peon/ Mali/ Field Collector/ Beltman/ Blacksmith/Museum Servant/ Ayah/ Ward boy/ Hamal/ Sweeper/ Mehetar.

at the Practical Examination in physical chemistry
at the T. Y. B. Sc Examination of oct / NOV 20 19

Amount due to me as 120 Rs.

at the Practical Examination.

	Rs.	Rs.
(1) <u>01</u> days of Preparation at Rs. <u>40</u>	<u>40</u>	<u>00</u>
(2) <u>01</u> days of Preparation at Rs. <u>40</u> per day/batch/practical.	<u>40</u>	<u>00</u>
(3) <u>01</u> days of Preparation at Rs. <u>40</u>	<u>40</u>	<u>00</u>
Total <u>120</u>	<u>120</u>	<u>00</u>

Date 19/10/19

Signature _____

Certified that Shri/Smt. NITIN B. TELE rendered assistance to us as peon at the Practical Examination referred to above

and that the Examination lasted for 03 days inclusive of days for preparation and cleaning up.

The practicals lasted for 01 hours a day/batch

Signature of Examiners [Signature]

Budget Head : Misc. Exp. at Exam. Centres
Code No. : _____

TO BE RECEPTEED IN ADVANCE

Payment Received

Revenue Stamp for Payment over Rs. 500/-

Signature Across the above Stamp is required.

* Strike which is not applicable.

PASSED FOR Rs. _____ P. _____

Rs. _____

Date _____

S.O. (Bills)

S.O. (Audit)

Dy. F.O.

F.O./Registrar
K.B.C. North Maharashtra University, Jalgaon



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Kavayitri Bahinabai Chaudhari North Maharashtra University, Jalgaon

Remuneration form for Laboratory Staff employed to conduct Practical/Oral Examinations

Payment Register Page No. - _____

C.B.F. _____

Voucher No. _____

Cash/M.O./Cheque No. _____

Note :- All entries in this form must be filled in by the person preferring the bill. Form in which any entry is left blank will be returned for completion to the person preferring the bill

physical chemistry pract Examination
Centre M.G. Tele gr. Place Thalner,
To, college, Thalner,
The Registrar,
North Maharashtra University,
Jalgaon - 425001

Dates for		
Preparation	Examination	Cleaning
18/10/19	19/10/19	20/10/19

To,
Name (in BLOCK LETTERS) BHUKUBAT S. BIRHADE
Full Address Thalner, Tal-shimpur, Dist - Dhule.

Expert Assistant/ Laboratory Assistant/Laboratory Technician/ Store- Keeper/ Museum Assistant/ Qualified Nurse/ Electrical Foreman/ Foreman/ Gas Plant Operator/ Machine Mechanic/ Peon/ Mali/ Field Collector/ Beltman/ Blacksmith/Museum Servant/ Ayah/ Ward boy/ Hamal/ Sweeper/ Mehetar.
at the Practical Examination in physical chemistry
at the T.Y. B.Sc Examination of Oct / Nov 20 19

Amount due to me as 120 Rs.
_____ at the Practical Examination.

	Rs.	Rs.
(1) <u>01</u> days of Preparation at Rs. <u>40</u>	40	00
(2) <u>01</u> days of Preparation at Rs. <u>40</u> per day/batch/practical.	40	00
(3) <u>01</u> days of Preparation at Rs. <u>40</u>	40	00
Total <u>120</u>	120	00

Date 19/10/19 Signature _____

Certified that Shri/Smt. BHUKUBAT S. BIRHADE rendered assistance to us as peon at the Practical Examination referred to above and that the Examination lasted for 03 days inclusive of days for preparation and cleaning up.

The practicals lasted for 01 hours a day/batch

Signature of Examiners

Budget Head : Misc. Exp. at Exam. Centres
Code No. : _____
TO BE RECEPTEED IN ADVANCE
Payment Received

Signature Across the above Stamp is required.
* Strike which is not applicable.

PASSED FOR Rs. _____ P. _____
Rs. _____
Date _____
S.O. (Bills) S.O. (Audit) Dy. F.O. F.O./Registrar
K.B.C.North Maharashtra University, Jalgaon

**NORTH MAHARASHTRA UNIVERSITY, JALGAON**

(Individual claim to be filled in by the principal)

Name of the Principal : Dr. NARENDRASINGH ONKARSINGH GIRASE
(In Block Letters)Name of the College : M.G. Tale Science College, ThulnerResidential Address : Thulner, Tal. Shirpur, Dist- Dhule.at the S.Y./T.Y. Bsc Examination/s held In April / October 2019.

	Rs.	P.
Allowance per Exam. session @ Rs. <u>500/-</u> per Exam. session		
Session from <u>01/11/2019</u> to <u>11/11/2019</u> - I st		
<u>12/11/2019</u> to <u>20/11/2019</u> - II nd 3-session	1500	1-
<u>25/11/2019</u> to <u>01/12/2019</u> - III rd @ Rs. 500/-		
Total	1500	-

Received record and Senior Supervisor's report in time.

Asstt./ Dy. Registrar
(Exams.)

Signature of the Principal

Budget Head

Passed for Rs. _____ P. _____

Rupees _____

Date : _____

Signature across the revenue stamp
is required.**TO BE RECEIPTED IN ADVANCE**Section Officer, F. & A. O./Dy. Registrar
(Exam. Finance) (Exams.)

The individual claim bill is as per scale of remuneration

Rem. Reg. Page No.

B.L.F.

Vr. No.

Cheque No.



॥ अंतरी पेटयू ज्ञानज्योत ॥

NORTH MAHARASHTRA UNIVERSITY, JALGAON

(Individual claim to be filled in by the principal)

Name of the Principal : DR. NARENDRASING ONKARSING GIRASE
(In Block Letters)

Name of the College : M.G. Tele Science College, Thalner,

Residential Address : Thalner, Tal. Shirpur, Dist. Dhule

at the S.V./T.Y. Bsc Practical Examination/s held In April / October 2019 .

	Rs.	P.
Allowance per Exam. session @ Rs. <u>500/-</u> per Exam. session		
Session from <u>15/11/2019</u> to <u>20/11/2019</u>		
<u>T.Y. Bsc Practical Examination Oct/Nov. 2019.</u>	<u>500/-</u>	<u>-</u>
Total	<u>500</u>	<u>-</u>

Received record and Senior Supervisor's report in time.

Signature of the Principal

Asstt./ Dy. Registrar
(Exams.)

Budget Head

Passed for Rs. _____ P. _____

Rupees _____

Date : _____

Signature across the revenue stamp is required.

Section Officer, F. & A. O./Dy. Registrar
(Exam. Finance) (Exams.)

TO BE RECEIPTED IN ADVANCE

The individual claim bill is as per scale of remuneration

Rem. Reg. Page No.

B.L.F.

Vr. No.

Cheque No.



॥ अंतरी पेटवू ज्ञानज्योत ॥

NORTH MAHARASHTRA UNIVERSITY, JALGAON

(Individual claim to be filled in by the principal)

Name of the Principal : DR. NARENDRASINGH ONKARSINGH GIRASE
(In Block Letters)

Name of the College : M. G. Tele Science College, Thulner.

Residential Address : Thulner, Tal-shirpur, Dist. Dhule.

at the S.Y. / T.Y. Bsc Examination/s held In April / October 2019.

	Rs.	P.
Allowance per Exam. session @ Rs. <u>100/-</u> per Exam. session Session from <u>15/11/2019</u> to <u>02/12/2019</u> .	400	-
Total	400	-

Received record and Senior Supervisor's report in time.

Asstt./ Dy. Registrar
(Exams.)

Signature of the Principal

Budget Head

Passed for Rs. _____ P. _____

Rupees _____

Date : _____

Signature across the revenue stamp is required.

Section Officer,
(Exam. Finance)

F. & A. O./Dy. Registrar
(Exams.)

TO BE RECEIPTED IN ADVANCE

The individual claim bill is as per scale of remuneration



॥ अंतरी पेटयू ज्ञानज्योत ॥
KAVAYITRIBAHINABAI CHAUDHARI
North Maharashtra University,
Jalgaon

Payment Register Page No. _____

Voucher No. _____

Cheque No. _____

To,
THE REGISTRAR

North Maharashtra University, JALGAON

[Name of Stationery Store-clerk] NASIR. Y. KAZI

(in block letters)

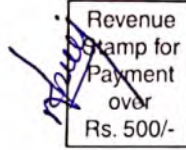
at the M.G. Tele Science College

Thalner, Tal- Shirpur Dist Dhule.

	Rs.	Ps.
The amount due to me as stationery store-clerk for the examinations held at the above college centre during the First / Second Half of 2019 <u>17 Days @ RS. 30/-</u>	510	-
Total -	510	-

PAYMENT RECEIVED

To be stamped and signed in advance



Signature [Signature]

Address M.G. Tele Science

College, Thalner

Tal- Shirpur, Dist- Dhule.

Certified that Shri _____

worked as a stationery store-clerk as indicated above. He may be paid the remuneration as claimed above.

[Signature of the Principal]

College

Checked

Asstt. / Dy. Registrar [Examn.]

PASSED FOR Rs. _____ P. _____
Rs. _____

Date _____

Asstt. Registrar
(Finance)

Dy. F. O.

Finance & Accounts Officer

The stationery store-clerk will be paid Rs. 100/- per season for the examinations held during the year.