

SHRI GOVIND GURU UNIVERSITY

(Established by Gujarat Act No - 24/2015)

At. - Vinzol, Po. - Kankanpur, Ta. - Godhra, Dist. - Panchmahals, Gujarat - 388713

Practical Exam Remuneration Bill

Name: _____
(Name as per PAN Card)

College: _____

Exam Center : _____

Course Name : _____ Semester/Year : _____

Subject Code & Name : _____

Exam Date : _____ Exam Month & Year : _____

Particular	No. of Students	Rate	Total
Total Amount			

Address:

.....
.....
.....
.....

CERTIFICATE

I hereby certify that,

I am ordinary resident of India and that the provision of the income tax Act-1961 is applicable to me and shall comply with it.

Signature of the Examiner

Certificate

Certify that Dr/Mr./Mrs./Miss. _____
has examined _____ students.

Date: _____

Principal/Coordinator of Exam center

FOR OFFICE USE ONLY

(1) EXAMINATION BRANCH:

This is to certify that the person of this bill is appointed as a chairperson / moderator / examiner in above mentioned examination.

Bill is passed for the payment of _____ in words _____

Sr./Jr. Clerk/DEO

Controller of Examination/ Assi. Registrar

(2) ACCOUNT BRANCH:

Paid by Cheque/Transaction No. _____ Date _____
for _____ in words _____.

Sr./Jr. Clerk/DEO

Registrar/Dy. Accountant

Account Detail

Bank Name	
Branch	
Account No.	
IFSC Code	
PAN No. (Please fill in Capital Letters)	