

Payment Register Page No

Voucher No

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Cheque No

To,

Name of Sr. Supervisor / Exam Coordinator: _____

Department Name: _____

Sr. Supervisor / Exam Coordinator at the: _____

at Kit's College of Engineering (Autonomous), Kolhapur. Center

	Rs.	Paise
<p>The amount to me as Sr. Supervisor / Exam Coordinator at the _____ at Kit's College of Engineering (Autonomous), Kolhapur. Center</p> <p>For a semester at the prescribed rate Rs. _____</p>		
In Words :		

Payment Received

(Name: _____)

Passed for Rs. _____ (in words Rs. _____)

**Address: KOLHAPUR INSTITUTE OF TECHNOLOGY
COLLEGE OF ENGINEERING (AUTONOMOUS),**

DATE: _____

GOKUL SHIRGOAN, KOLHAPUR-416234

Checked by Controller of Examinations

Accountant

Registrar

Director

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- The prescribed of payment is Rs. 2000/- for a semester
 - [N.B. :- The Bill should be submitted at examination Cell Only]