



Bank Name		Mobile No :
IFSC No.		Voucher No:
Back A/C No		Payment Register Page No.

**LOCAL CONVEYANCE ALLOWANCE BILL FORM**

**Cash/M.O/Cheque No:** \_\_\_\_\_

**Date:** \_\_/\_\_/\_\_

Note:

- 1) All entries in this bill must be filled in before claiming payment
- 2) This paper-setter/ Examiner/ Moderator/ Sr. Supervisor concerned must get this bill Countersigned by the chairman or senior examiner or Internal Supervisor
- 3) No Claim for the payment of local conveyance allowance will be entertained after the lapse of 6 Months from the date on which it was due

**KIT's College of engineering (Autonomous), Kolhapur**

To \_\_\_\_\_

(Name beginning with surname in Block letters)

Paper-setter / Evaluator/ Moderator in \_\_\_\_\_ at ESE / Makeup/, \_\_\_\_\_  
(Course Name) (Name of Examination)

Local Conveyance allowance are due to me as under	Rs.	Ps.
1) For attending a paper setting /on screen evaluation / PoE & OE/Moderation/Revaluation On _____ 20		
2) For attending a paper setting /on screen evaluation / PoE & OE/Moderation/Revaluation Form _____ to _____		
<b>Total:</b>		

<p>Address for Communication: _____ _____</p> <p>Date: _____</p> <p>“Certified that paper-setter / On Screen Evaluation/ PoE &amp; OE/ Revaluation preferring this claim was present at the meeting / supervision as stated above”</p> <p><b>Signature (Chairman)</b></p> <p><b>Received Payment Signature</b></p> <div style="border: 1px solid black; padding: 2px; width: fit-content;"> <p>One Rupee Stamp If amount Exceeds of 500/-</p> </div>	<p>Declaration to be signed by those getting remuneration</p> <p>“Certified that both ways distance between my registered address and place of work is more than five Kilometers.”</p> <p align="center"><b>Claimant's Signature</b></p> <p>PASSED For Rs. _____ Ps. _____ (Rs _____)</p> <p>Date: _____</p>
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**Claimant's Sign**

**Dy. Registrar ( E & E)**

**Dean ( E & E)**

**O. S/ Registrar**

**Accounts**

**Director**