|  |  |  |
| --- | --- | --- |
|  | **GOVERNMENT COLLEGE OF ENGINEERING KARAD***(An Autonomous Institute of Government of Maharashtra)*Vidyanagar, Karad Dist. Satara MH PIN-415124<http://gcekarad.ac.in> Phone: 02164 272414, 9545272414 principal@gcekarad.ac.in  | **महसूल व वन विभाग, महाराष्ट्र शासन ...** |

**LOCAL CONVEYANCE RECEIPT**

 Received Rs. \_\_\_\_\_\_\_\_\_\_\_ (in words \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for \_\_\_\_\_\_\_\_days from the Principal, Government College of Engineering, Karad towards the payment of Local Conveyance charges for attending the meeting of Practical / Project / Dissertation / Seminar for Winter / Summer / Makeup 20 \_\_\_ Examination on date / /20\_\_ at \_\_\_\_\_\_ AM/PM to date / / 20 at \_\_\_\_\_\_ AM/PM.

 Certified that, I have not claimed conveyance charges for attending any other meetings of this institute on the above-mentioned date.

|  |  |
| --- | --- |
| Name of Examiner |  |
| Bank Name | Branch & City Name  | Account No. | IFSC Code |
|  |  |  |  |

Place: Karad **Signature of Claimant**

Date: / / 20\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 College:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Date:** |  **Clerk Signature** | **Head of Department** |
|  | **Name:** | **Name:** |
| **Date:**  | **Exam Cell Clerk** | **Controller of Examination** |