GUJARAT TECHNOLOGICAL UNIVERSITY

EXAMINATION REMUNERATION BILL B.E /B.PHARM/DIPLOMA _____EXAMINATION 2008-09

Surname Name In Block Letter)		of Examiner		Father's Name		
Institute Name:			Branch :			
E-Mail ID :		Mobile No:				
Particu	lars	Subject Name with Code	No. Of Quantity	Rate	Total Amount RS.	
1. Examining A Total No of A books exami	Answer					
2. Remuneratio paper Setter	n for					
3. Speed Post / Charge(if appreceipt)	Regd.AD plicable attach					
тесстре)				rand Total		
				ions if Any nt Payable		
Name :			11001111100	Receive	ed	
Address :						
,		<u>IFICATE</u>				
I hereby certify that	above details are	e correct and I am a	a resident of Ir	ndia and that	the provision	
of the Income tax-ac	ct 1961 is applica	able to me and shal	l comply with	it.		
Date :	Date : Signature of Examiner					
	CERT	IFICATE				
This is to certify that Shri/Smt/Kumhas				has exami	ined	
answer books and al						
Date:						
Dute :			Name & Sign		U Coordinator	
	FOR (GTU USE ONLY				
Passed for Rs)	
Date :	Controller	of examination		Account Officer		