



MIT
A group of Academic & Research Institutions
Chhatrapati Sambhajnagar

G.S. Mandal's
**MAHARASHTRA INSTITUTE OF TECHNOLOGY,
CHHATRAPATI SAMBHAJINAGAR**

(An Autonomous Institute, Accredited with Grade 'A' by NAAC)

Gate No.5, MIT Campus, Beed Bypass, Satara Village Road, CSN, (MH), PIN:431010.

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FORM NO.A-01

Examination Cell

Ref.No.MITA/EXAMCELL/20 /

Date:

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 Counter signed by the chairman or 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

Maharashtra Institute of Technology, (Autonomous), Chh. Sambhajinagar

To, _____

(Name beginning with surname in Block letters)

Paper-setter/Evaluator/Moderator/Practical Exam 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 /Moderation/ Re-assessor / Practical/Other On _____ 20		
2) For attending a paper setting /on screen evaluation /Moderation/ Re-assessor /Practical/Other From _____ to _____		
Total:		

<p>Address for Communication: _____</p> <p>Date: _____</p> <p>“Certified that paper-setter / On Screen Evaluation/ Re-assessor preferring this claim was present at the meeting / supervision as stated above”</p> <p>Signature (Chairman)</p> <p>Received Payment Signature</p>	<p>Declaration to be signed by those getting remuneration “Certified that both ways distance between my registered address and place of work is more than five Kilometers.”</p> <p style="text-align: center;">Claimant's Signature</p> <p>PASSED For Rs. _____ Ps. _____</p> <p>(Rs _____)</p> <p>Date: _____</p>
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One Rupee Stamp If
amount Exceeds of
5000/-

**Claimant's
Signature**

Clerk

Associate Dean (E & E)

Dean (E & E)

For office use

Registrar

Accounts

Director