

Shri Swami Vivekanand Shikshan Sanstha
Vivekanand College, Kolhapur (Autonomous)

Examination Bill Form

Bank Name	Bank A/C No.	IFSC Code	Mobile No.

Class_____ **Examination Semester**_____

Name_____ **Subject**_____

Examiner/Paper Setter/Moderator/Co-ordinator in the Subject_____

at the class_____ **Examination of Sem**_____

Remuneration to:

Examiner/Paper Setter/Moderator/Co-ordinator

Paper Setting_____ ₹. _____

Examining_____ ₹. _____

Moderation_____ ₹. _____

Total Amount Rs._____

Name/College/Address/Contact

Received Payment (Signature & Date)

(use Revenue Stamp if amount exceeds above Rs. 5000/-)

Finance/Accounts Officer
Vivekanand College,
Kolhapur (Autonomous)

Chief CoE/COE/Dy. CoE
Vivekanand College,
Kolhapur (Autonomous)