## **Gujarat Technological University University Practical Examination Remuneration Bill** Full Name: Pay Scale: Designation: Institute Name: Institute Code: Address for Communication: (M)\_\_\_\_\_ Subject (With Code) Rate(Rs.) Practical Exam. Date Amount to be paid (Rs.) Total Amount (Rs.) Date: **Signature of Examiner** Certificate I hereby certify that above details are correct and I am resident of India and that the provision of the IT-Act 1961 is applicable to me and shall comply with it. Date: **Signature of Examiner** Certificate This is to certify that Shri/Smt/Kum/\_\_\_ \_\_\_\_\_ was present on (date) for practical examination of above mentioned subject.

Date: Seal of Exam. Center Principal's Signature

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Passed for Rs. \_\_\_\_\_( In words \_\_\_\_\_

Date: Zonal Officer Controller of Examination Account Officer