814-7500-03-2017

GUJARAT UNIVERSITY

01\gup\allowance bill.p60

Department : .....

Grant Receipt No. : ..... **Date :** ..... **Budget Code No. :** .....

To

THE REGISTRAR OF THE GUJARAT UNIVERSITY, AHMEDABAD-380 009.....DR.

(Name of Student) : .....

(In block letters, beginning with surname)

(Name of *Scholarship/Fellowship/SC/ST/SEBC* / *Prize*) ..... *Scholar* / *Prizeman* *of*

(Month and Year of Appointment) ..... *201* .

	Rs.	P.
Amount of Stipend or Scholarship/Fellowship for the period		
Rs.		
Audited by		
Checked by		
Date		
Section Officer (Audit)		
Gujarat University		
Total Payment Rs.		

Address : .....

Mobile No. .....

Date : ..... 201 .

Bank Name .....

Bank A/C No. .....

IFSC Code .....

Bank Branch : .....

CERTIFICATE

Gujarat University,
Ahmedabad-380 009

Certified that Shri..... is in regular attendance at this School, that his/her conduct is good and that his/her progress in University studies is satisfactory. He/She is studying in Class. He/She has paid his/her tuition fees for both the terms vide Receipt No. ..... Date ..... second terms vide Receipt No. ..... Date .....

Aside from this organisation I am not connected with anyother organisation and not received any remuneration from any organisation.

.....
Students Sign.

DIRECTOR/PRINCIPAL
GUJARAT UNIVERSITY,
AHMEDABAD-380 009.

PAYMENT RECEIVED

Revenue Stamp if over Rs. 5000/-

Amount Rs. .....
Cheque No. .....
Date .....
Code No. .....

Passed for Rs. ..... P. .....

Date : ..... 201 .

C.A.O. D.O. REGISTRAR
GUJARAT UNIVERSITY

Entered on page no. ..... Year ..... of ..... register.