

FORM : 2



MAHARASHTRA STATE BOARD OF TECHNICAL EDUCATION, MUMBAI

FORMAT OF DUTY CERTIFICATE

This is to certify that Mr./Mrs./Miss. _____

Designation _____ of Institute _____

Inst.Code No. _____ has attended this office in respect of official assignment of MSBTE as per MSBTE/RBTE/Polytechnic Office order No. _____

Dated _____ and worked as _____

From _____ Am/Pm of Date _____ To _____ Am/PM of Date _____

Place: _____

Date _____

Signature of competent Authority

&

Seal of Office

एनईएफटी/आरटीजीएस द्वारे थेट अधिकारी/कर्मचारी यांचे खात्यामध्ये रक्कम अदा करणेसाठी सदरील माहिती व्यवस्थित भरून फॉर्म नंबर तीन व दोन सोबत भरून पाठवावे सोबत एमएसबीटीई/संस्थेचे कंट्रोलरचे आदेश जोडावेत

NAME OF CONTROLLER :- _____

Name of Bank :- _____

Account Number :- _____

BANK IFSC CODE :- _____

MOBILE NO :- _____

ADDRESS :- _____

ENCLOSE CHEQUE XEROX COPY

SIGNATURE OF CONTROLLER

T.A.BILL FORM

11

Month :-

11

Office Order No. & Date :-

Reason for Travel :-

[illegible]

Daily Allowance for total duty period @ Rs.----- ----_ for _____ days.

Total (in Words) Rs. :-

Certified that I have not taken any advance towards this travel

2) I have not claimed the bill from other organisation.

3) All the claims shown are correct to the best of my knowledge.

Amount of Bill Rs. :-

Budget Provision 200__ - 200__ :-

Signature of Applicant

Expnd. Incu red including this bill :-

Passed for payment & cashier to pay Rs. _____

(in Words) Rs.

Clerk/ N.A.
Audit

H.C./Suptd.
Audit

A/c Officer

Dy.Secretary

Received by Cash/Cheque :-

Revenue Stamp & applicant's Signature



FORM NO.03

MAHARASHTRA STATE BOARD OF TECHNICAL EDUCATION,

BILL FOR REMUNERATION (OTHER THAN EXAMINER'S BILL)

REFERENCES: 1) MSBTE OFFICE ORDER NO.D-10/99/6/39 DT.7/8/99
2) MSBTE OFFICE LETTER NO.D-50/CLARI.REMU/99/9816 DT.28/12/99
3) MSBTE/D-10/MANDHAN/2000/131 DT.18/10/2000

Name of Officer _____

Institute Code No. And Name of Institute _____

Detail Correspondence Address (For DD dispatch) : _____

Nature of Work / Duty performed : _____

MSBTE / Polytechnic Order No. And Date : _____
(Enclose copy of order)

Sr.No.	Dates of duty / work performed	No.of times duty/ work performed	Rate of remuneration	Total No. of Days	Amount Rs.

Amount in words :- Rs. _____

Certified that the above work/duty has been performed by me as per Maharashtra State Board of Technical Education's norms and the amount claimed is as per the rates approved. I have submitted the report of duty/work performed to MSBTE / RBTE Mumbai / Pune / Aurangabad, on Date _____. Certified that I have not claimed this remuneration here before. (Attach copy of Receipt issued by MSBTE/ RBTE)

This bill has not been drawn and paid previously.

Signature of Claimant

FOR OFFICE USE ONLY

Verified and Recommended for payment of Rs. _____

Signature of Principal / Deputy Secretary _____

Entry has been taken in Register No. _____ Page No. _____ At Sr.No. _____

This bill has not been drawn and paid previously.

Passed for payment of Rs. _____ (Rs. _____)

The expenditure is charged to Head of Account

Clerk

Superintendent / Head Clerk

Section Officer

* Received Payment in Cash Rs. _____

Signature of Claimant