Vasuki

Voucher No. _____

**The Registrar,**
**Saurashtra University** _____ **Dr.**

To,

Name of the Factotum _____

Factotum at the _____ Examination

of _____ 201 (_____ Centre)

To amount due to me as Factotum at the above Examination is as under

| Rs. | Ps. |
|---|---|
| | |

| Date | Examination | Session Morning or Evening | No. of Students registered | Rate : 2 paise per Student registered | Amount Rs. | Ps. |
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| | | | | **TOTAL Rs.** | | |

(Signature) _____

(Address) _____

(Counter-Signature) _____

Senior Supervisor

(Please see that dates are filled in before the bill is countersigned.)

Passed for Rs. _____ Ps. _____ Rs. _____

Date _____

Payment received

Revenue stamp

Date _____ Accountant Registrar